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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000079396

1. Corporation Name

IAD TECHNOLOGIES, CORP.

FILED Mar 31, 1999 8:00 am Secretary of State 03-31-1999 90057 011 ***150.00

Principal Plac	ce of Business	Mailing Address							
21	198 Main St/								
	arasota, FL 34237					20.002.00			
					- <u>-</u> -	DO NOT WE		SPACE	
					3.	. Date Incorporated or Qualifed	1		
2 Drinning I C	Dinner of Divisionan	2 Atailing Address				10/28/94 . FEI Number		1 1	antiad Fac
¬ '	Place of Business	2a. Mailing Address			4.				opplied For lot Applicable
1 28 Suite, Apt.	890 Palm Beach Blvd.	Suite, Apt. #, etc.				65-0530421			Additional
2	. // , etc.	27			5.	. Certifcate of Status Desired	□-		Required
City & Star	te	City & State			6	. Election Campaign Financing	1	\$5.00	May Be
¬ ' _	t. Myers, FL	28			"	Trust Fund Contribution	' <u></u>	•	I to Fees
Zip	Country	Zîp	Counti	у	8.	. This corporation owes the cu	rrent year In	tangible	
4 33	3916 25 USA	29	30			Personal Property Tax.	·	Yes	□No
	9. Name and Address of Current	Registered Agent			10.	. Name and Address of New	Registered	Agent	
			8						
Pε	eter J. Jaensch		8:	2 Street	USSELI Address (F	Attree P.O. Box Number is Not Accep	table)		
34	400 S. Tamiami Trail		"	1		alm Beach Blvd.	,		
Sa	arasota, FL 34239		8:						
			84					85 Zip	Code
			"	1 ' ' _	t. Mve	re	FL		916
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statute	s, the abo	ve-named	corporation	n submits this statement for the	e purpose of	changing it	s registered
office or r	registered agent, on both, in the State of am familiar with and agreet the obligation	<u>f Florida.</u> Such change was au ons of, Section 607.0505, Flori	ithorized b ida Statute	y the corposis.	oration's bo	oard of directors. I hereby acce	ept the appo	intment as r	egistered
			11 At				3/16	/989	
SIGNATURE							3/10	1000	
	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered Ag		required when i	reinstating)	DATE		
	OFFICERS AND		Registered Ag		•	reinstating) ADDITIONS/CHANGES TO O			ORS IN 12
12.	OFFICERS AND			ent signature i	•				
1 2 . M.E	OFFICERS AND	DIRECTORS	13.	ent signature i	PTSD			ND DIRECT	
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SIGNATURE:

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Russell Attree