

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F92000000178 (5)**

1. Corporation Name
BREED TECHNOLOGIES, INC.



Principal Place of Business
**5300 OLD TAMPA HWY
LAKELAND FL 33811
US**

Mailing Address
**5300 OLD TAMPA HWY
LAKELAND FL 33811
US**

3. Date Incorporated or Qualified 11/10/1992	3a. Date of Last Report 04/11/1995
4. FEI Number 22-2767118	Applied For Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
25. Country	30. Country

9. Name and Address of Current Registered Agent

**SPERANZELLA, CHARLES J JR
5300 OLD TAMPA HWY
LAKELAND FL 33811**

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. City	85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature typed or printed name of registered agent and official address Name of Registered Agent signed and returned when received DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CPD <input type="checkbox"/> DELETE	1.1 TITLE	Chairman and Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BREED, ALLEN K	1.2 NAME	
STREET ADDRESS	5300 OLD TAMPA HWY	1.3 STREET ADDRESS	
CITY-STATE-ZIP	LAKELAND FL	1.4 CITY-STATE-ZIP	
TITLE	VPD <input type="checkbox"/> DELETE	2.1 TITLE	President and Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BREED, JOHNNIE C	2.2 NAME	
STREET ADDRESS	434 SOUTH BEACH ROAD, JUPITER ISLAND	2.3 STREET ADDRESS	
CITY-STATE-ZIP	HOBE SOUND FL 33455	2.4 CITY-STATE-ZIP	
TITLE	AS- <input type="checkbox"/> DELETE	3.1 TITLE	Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPERANZELLA, CHARLES J JR	3.2 NAME	
STREET ADDRESS	3253 STONEWATER DRIVE	3.3 STREET ADDRESS	
CITY-STATE-ZIP	LAKELAND FL	3.4 CITY-STATE-ZIP	
TITLE	VS <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STOLBACH, RICHARD M	4.2 NAME	
STREET ADDRESS	816 BAYSIDE DR	4.3 STREET ADDRESS	
CITY-STATE-ZIP	TAMPA FL	4.4 CITY-STATE-ZIP	
TITLE	T <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHAUFFERT, ARTHUR	5.2 NAME	
STREET ADDRESS	5300 OLD TAMPA HWY	5.3 STREET ADDRESS	
CITY-STATE-ZIP	LAKELAND FL	5.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	Assistant Secretary
STREET ADDRESS		6.3 STREET ADDRESS	Stuart D. Boyd
CITY-STATE-ZIP		6.4 CITY-STATE-ZIP	5300 Old Tampa Hwy Lakeland, FL 33811

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(a), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APRIL 1, 1996 941 668-6389
Date Office Phone #

CR2E034 (12/95)