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Apr 26, 1999 8:00 am  
Secretary of State

04-26-1999 90297 037 \*\*\*150.00

PROFIT CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F92000000178

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



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
11/10/1992

4. FEI Number  
22-2767118

Applied For  
Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip Country

29 Zip 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

84 City

FL

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

Signature, typed or printed name of registered agent as of title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D  
NAME BREED, ALLEN K  
STREET ADDRESS 5300 OLD TAMPA HWY  
CITY-ST-ZIP LAKELAND FL

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE CCEO  
NAME BREED, JOHNNIE C  
STREET ADDRESS 434 SOUTH BEACH ROAD, JUPITER ISLAND  
CITY-ST-ZIP HOBE SOUND FL

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE VCD  
NAME SPERANZELLA, CHARLES J JR  
STREET ADDRESS 3253 STONEMASTER DRIVE  
CITY-ST-ZIP LAKELAND FL

3.1 TITLE VCD  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE AS  
NAME BOYD, STUART D.  
STREET ADDRESS 5300 OLD TAMPA HWY  
CITY-ST-ZIP LAKELAND FL

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE T  
NAME SALTARELLI, ROBERT  
STREET ADDRESS 5300 OLD TAMPA HWY  
CITY-ST-ZIP LAKELAND FL 33811

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE S  
NAME GUPTILL, LIZANNE  
STREET ADDRESS 5300 OLD TAMPA HWY  
CITY-ST-ZIP LAKELAND FL 33811

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(2)(i), 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, on an attachment with an address, with all other like empowered.

SIGNATURE:

*Lizanne Guptill*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lizanne Guptill, Secretary

941-668-6388

Date

daytime Phone #

CR2E034 (1/98)