

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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**May 07 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # J99542 (9)
1. Corporation Name
INTERACTIVE TECHNOLOGIES, INC.



Principal Place of Business 1720 N.W. RIVER TRAIL STUART FL 34994	Mailing Address 1720 N.W. RIVER TRAIL STUART FL 34994-9449
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3. Date Incorporated or Qualified 10/29/1987	3a. Date of Last Report 06/13/1996
4. FEI Number 65-0144438	Applied For <input type="checkbox"/> Not Applicable
6. 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 300 GOLF BROOK CIRCLE Suite, Apt. #, etc. 22 # 204 City & State 23 LONGWOOD, FL Zip 24 32779-6113	2a. Mailing Address 26 300 GOLF BROOK CIRCLE Suite, Apt. #, etc. 27 # 204 City & State 28 LONGWOOD, FL Zip 29 32779-6113	Country 25 US	Country 30 US
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9. Name and Address of Current Registered Agent
**JOHNSTON, ROBERT G.
1720 N.W. RIVER TRAIL
STUART FL 34994**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
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:  **ROBERT G. JOHNSTON** 4/29/97
Signature, type, or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE PD	<input type="checkbox"/> DELETE
NAME JOHNSTON, ROBERT G., JR.	
STREET ADDRESS 1720 N.W. RIVER TRAIL	
CITY - ST - ZIP STUART FL	
TITLE V	<input type="checkbox"/> DELETE
NAME JOHNSTON, TODD L.	
STREET ADDRESS 1720 N.W. RIVER TRAIL	
CITY - ST - ZIP STUART FL	
TITLE ST	<input type="checkbox"/> DELETE
NAME JOHNSTON, ROBERT G.	
STREET ADDRESS 1720 N.W. RIVER TRAIL	
CITY - ST - ZIP STUART FL	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME JOHNSTON, ROBERT G., JR.	
1.3 STREET ADDRESS 300 GOLF BROOK CIRCLE, # 204	
1.4 CITY - ST - ZIP LONGWOOD, FL 32779-6113	
2.1 TITLE V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME JOHNSTON, TODD L.	
2.3 STREET ADDRESS 6115 ABBOTT'S BRIDGE ROAD # 2319	
2.4 CITY - ST - ZIP DULUTH, GA 30155	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:  **ROBERT G. JOHNSTON** 4/29/97 (407) 286-8642
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)