

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

**FILED**  
**Aug 27 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Northam,**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # P97000039020**  
 1. Corporation Name  
**Interactive Technologies International, Inc.**

Principal Place of Business: **218 Commercial Blvd. Suite 201 Fort Lauderdale, Fl 33308**  
 Mailing Address: **same**

DO NOT WRITE IN THIS SPACE  
 3. Date Incorporated or Qualified  
**5/1/97**

2. Principal Place of Business  
 21 1868 N. University DR  
 Suite, Apt. #, etc.  
 22 Suite 302  
 City & State  
 23 Plantation, FL  
 Zip Country  
 24 33322 25 USA

2a. Mailing Address  
 26 1868 N. University DR  
 Suite, Apt. #, etc.  
 27 Suite 302  
 City & State  
 28 Plantation, FL  
 Zip Country  
 29 33322 30 USA

4. FEI Number **65-0724647**  
 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 or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent  
**Ian Gardner**  
**218 Commercial Blvd.**  
**Suite 201**  
**Fort Lauderdale, FL 33308**

10. Name and Address of New Registered Agent  
 81 Name **Sherri B. Simpson, Esq.**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**1868 N. University Dr.**  
**Suite 306**  
 84 City **Plantation** **FL** 85 Zip Code **33322**

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 *Sherri Simpson* **Sherri Simpson** **7/20/98**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>Director</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>Ian Gardner</b>
STREET ADDRESS	<b>218 Commercial Blvd 201</b>
CITY-ST-ZIP	<b>Fort Lauderdale, FL 33308</b>
TITLE	<b>Director</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>Marshall D. Platt</b>
STREET ADDRESS	<b>4601 Sheridan Street</b>
CITY-ST-ZIP	<b>Hollywood, FL 33021</b>
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	<b>Pres./Sec./Dir</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>Sherri Simpson</b>
1.3 STREET ADDRESS	<b>1868 N. University DR.</b>
1.4 CITY-ST-ZIP	<b>plantation, FL 33322</b>
2.1 TITLE	<b>Vice Pres./Treas./Dir</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>Ray Ciampa</b>
2.3 STREET ADDRESS	<b>1868 N. University Dr</b>
2.4 CITY-ST-ZIP	<b>Plantation, FL 33322</b>
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	<b>600002629836</b>
5.3 STREET ADDRESS	<b>-09/01/98--01023--051</b>
5.4 CITY-ST-ZIP	<b>***150.00</b>
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>600002629836</b>
6.3 STREET ADDRESS	<b>-09/01/98--01023--050</b>
6.4 CITY-ST-ZIP	<b>***408.75</b>

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(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, or on an attachment with an address.

SIGNATURE *Sherri Simpson* **Sherri Simpson** **7/20/98**

CR2E034 (10/97)

Returned -7-24-98

RHL (2)

Florida Department of State  
Annual Reports Filing  
P.O. Box 1500  
Tallahassee, Florida  
32302-1500

→ PO BOX 6327K  
- 32314 -  
CALLED 8/6/98  
RESEND TO

Aug 6, 1998  
July 6<sup>th</sup>, 1998

~~Mark,~~

Thank you for taking the time and reviewing my 1998 Corporate Filing report. As I stated the original report was mailed on 4-18-98, right after mailing all of the federal taxes.  
CK #1951

I have checked with the Bank and they have not processed the check and you do not have it recorded as received. As per your direction, I am filling out this second request and attaching another check for the \$150.00 as discussed. I will be mailing this certified mail on 7-7-98.

Will the original check, if and when it shows up, be returned or applied for credit in 1999. Either way is fine with me.

Sorry for having to send another request, but I did send the original as stated and thought I was well ahead of the game.

Thank you for your assistance.

Bob 

RH Lindsey Inc.  
P95000084628  
1603 Oasis Court  
Brandon, Florida 33510  
813-655-0603 Ph  
813-653-1266 Fax

Is your RETURN ADDRESS completed on the reverse side?	<b>SENDER:</b> <input type="checkbox"/> Complete Items 1 and/or 2 for additional services. <input type="checkbox"/> Complete Items 3, 4a, and 4b. <input type="checkbox"/> Print your name and address on the reverse of this form so that we can return this card to you. <input type="checkbox"/> Attach this form to the front of the mailpiece, or on the back if space does not permit. <input type="checkbox"/> Write "Return Receipt Requested" on the mailpiece below the article number. <input type="checkbox"/> The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
	3. Article Addressed to: DIVISION OF CORPORATIONS ANNUAL REPORTS FILINGS P.O. Box 1500 TALLAHASSEE, FL 32302		4a. Article Number 2568881928	
	5. Received By: <u>J. Adberts</u>		4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD	
	6. F		7. Date of Delivery TALLAHASSEE FL 10	