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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9400000377

1. Corporation Name

Florida IPS, Inc.

FILED 99 FEB 10 AM 8: 59

SECRETARY OF STATE

	•			I ALLAHASSEE,	, FLURIUA
Principal Place	e of Business	Mailing Address			
18 Cherry Hill Drive 18 Cherry Hill Drive Danvers, MA 01923-2575 Danvers, MA 01923-25				75 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 1-25-1994	
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		04-2903296	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certifcate of Status Desired []	\$8.75 Additional
City & State		City & State	· ·	· • · · · · · · · · · · · · · · · · · ·	Fee Required
23	;	28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year	
24	25		so,	Personal Property Tax.	∐Yes M No
<u> </u>	9. Name and Address of Current	Registered Agent	- 81 Name	10. Name and Address of New Registere	ed Agent
	Lillis				
2313A First Street			82 Street Addre	ess (P.O. Box Number is Not Acceptable)	
Indi	an Rocks Beach, F	FL 33785	83	· · · · · · · · · · · · · · · · · · ·	
			84 City		85 Zip Code
					L
11. Pursuant t office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State of	and 607.1508, Florida Statutes Florida, Such change was aut	 the above-named corpo horized by the corporation 	oration submits this statement for the purpose n's board of directors. I hereby accept the app	of changing its registered
	n familiar with, and accept the obliging	ons of, Section 607.0505, Florid	ta Statules.		
SIGNATURE	Signature, typed or printed name of registered agent is	and title if applicable (NOTE R	teg stered Agent signature required	2-5 when reinstating) DATE	-7.7
12.	OFFICERS AND		13,	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
™Pres.	Joseph S. Snyde	er [IDELETE	1 1 TITLE		[Change [Addition
NAME	61 Mill Road		1.2 NAME		
STREET ADDRESS CITY-ST-ZIP	Boxford, MA 01	.921	1.3 STREET ADDRESS		
TITLE		[] DELETE	1.4 C(TY-ST-ZIP 2.1 T)TLE		[Change
NAME			22 NAME	60000277	72163
STREET ADDRESS			2.3 STREET ADDRESS	60000277 -02/16/39-	-01081013
CITY-ST-ZIP		Di pri ere	2 4 CHTY-ST-ZIP	****150.0	10 ****150.00
TITLE NAME		DELETE	3 1 TITLE 3 2 NAME		[] Change [] Add-tion [
STREET ADDRESS			33 STREET ADDRESS		
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TITLE		[DELETE	4 1 Trill		[]Change []Addition
NAME			4 2 NAME		
STREET ADORESS			4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE			44 City-ST-ZIP 51 Title		El Chacao El Adda
NAME		() DECE IT	5 2 NAME		[]] Change [] Addition
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			54Q(TV-S1-Z(P)		0
TITLE		[DELETE	. δ [†] TiiLE		[Change () Add ()
NAME			6.2 NAME		~\[\bar{\bar{\bar{\bar{\bar{\bar{\bar{
STREET ADDRESS			63 STREET ADDRESS		, NO.
CITY-ST-ZIP	erlify that the information supplied with	this filing door not aligh for th	64 City -S1-Zif	schon 110 07/31/d Florida Statutos Librations	Q .

I nereby 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 proposal attachment with an address, with all other like empowered.

SIGNATURE:

1/22/99