## 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

ANNUAL REPORT (AR)					03-09-2004 90055 043 *** 158.75 P01000063654
DOCUMENT # P01000063654  1. Entity Name					f
INTERCONTINENTAL INFORMATION AND PROTECTIVE SERVICES INC.					LION OF CORPORATION
Principal Place of Business Mailing Address					OCINICA SERVENCE
4929 SW 90 AVE. COOPER CITY FL 33328  4929 SW 90 AVE. COOPER CITY FL 33328					REINSTATEMENT 62-0
Wou - 10373					I TERRER IN TERRE NOT BOTH FROM THE LEVEL BRAD FOR THE TREATH A YEAR
9057 N.W. 57" STR. 90:			Maiting Address 9057 N.W. 57 <sup>th</sup> STR.  Suite, Apt. #, etc.		
					G/ MOORE CR2E034 (11/03)
City & State TAMARAC, FLORIDA		City & State TAMARAC, FLORIDA		iOA	4.' FEI Number X Applied For Not Applicable
<sup>Zip</sup> 33351	Country BRO	<sup>zip</sup> 333 <i>51</i>	Country		5. Certificate of Status Desired 🗵 \$8.75 Additional Fee Required
6. Nan	ne and Address of Current	Registered Agent			7. Name and Address of New Registered Agent
STEWART, DANNY					ANNY STEWART
4929 SW 90 AVE. Street Address (F					P.O. Box Number is Not Acceptable)
COOPER CITY FL 33328 9057				N.W. 57th STR.	
	• ,		City -	TAMA	ARAC, FL Zio Code 333.
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept					
the obligations of registered agent.  SIGNATURE  Signature. Typed or printed name of regulated agent and little if applicabile. (NOTE: Registered Agent segment and united applicabile.)  DATE					
Control of the Contro					
After May 1, 2	/!!! FEE IS \$150.00 2004 Fee will be \$550.00 to Florida Department o				9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.
10.	OFFICERS AND		11.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
me		☐ Delete	TITLE	P	T/S Charge Addition
NAME STREET ADDRESS			name Street address	905	57 N.W. 57 572.
CITY-ST-ZIP			CITY-ST-ZIP		MARAC, FLORIDA 33351
TITLE	· · ·	☐ Delete	TITLE		☐ Change ☐ Addition
NAME STREET ADDRESS			NAME STREET ADDRESS		900021289098
CITY - ST - ZIP			CITY-ST-ZIP		800031289098 03/26/0401097009 ***900.00
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STREET ADDRESS	- <del></del> -		STREET ADDRESS		
DITLE		☐ Oelete	TITLE	<del>                                     </del>	☐ Change ☐ Addition
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TITLE NAME		Delete	TITLE NAME		Change Addition
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MLE		☐ Delete	TITLE		Change Addition
NAME STREET ADDRESS			NAME STREET ADDRESS		ļ
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this Illing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address; with all other like empowered.					
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SIGNATURE: 2-22-04- 954-471-5123					