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RROFIT CÓRPORATION **ÁNNUAL REPORT**

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000032570

1. Corporation Name

IACCAD INC

	, INC.								
Principal Place	o of Rusiness	Mailing Address				-		311 0 1100 1 01111 1	16 11 20 11 106)
		1500 SAN REMO AVENUE							
1500 SAN REMO AVENUE 1500 SAN REMO AVENUE SUITE 135 SUITE 135						i			
CORAL GABLES FL 33146 CORAL GABLES FL 33146						DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualifed			
						04/26/1993			
2. Principal Pl	lace of Business	2a. Mailing Address				4. FEI Number		App	olied For
21		26				65-0429967		Not	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired		\$8.75 A	
22	·	27				3, Continuate of Contra Domes		Fee Re	quired
City & State	0	City & State				6. Election Campaign Financing		\$5.00	
23		28			*****	Trust Fund Contribution		Added to	Fees
Zip _	Country	Zip	Coun	try		8. This corporation owes the curre	nt year Inta		
24	25	1	30			Personal Property Tax.			□No
	9. Name and Address of Currer	nt Registered Agent		<u> </u>		10. Name and Address of New Re	egistered A	Agent	
1 0011	LECINOED LANCE A			B1 N	Name				}
SCHLESINGER, JAMES A			. 1	B2 S	Street Addre	ss (P.O. Box Number is Not Acceptate	ole)		
1500 SAN REMO									
STE.				B3					
COR	AL GABLES FL 33146			B4 C	City			85 Zip C	ode
•			- 1				<u>FL</u>		
office or re agent. I ar	registered agent, or both, in the State m familiar with, and accept the obliga	of Florida, Such change was au	inorized i	nv tne	corporation	ration submits this statement for the pair's board of directors. I hereby accept	the appoir	tment as rec	gistered
SIGNATURE	Clanature transfer printed name of registered age	et and title if applicable (NOTE: I	Registered A	inent sic	nature required	when reinstation)	DATE		
	Signature, typed or printed name of registered age	· · · · · · · · · · · · · · · · ·	<u> </u>	igent sig	gnature required	when reinstating) ADDITIONS/CHANGES TO OFF		D DIRECTO	RS IN 12
12.	OFFICERS AN	nt and title if applicable. (NOTE: IND DIRECTORS	13.		gnature required	when reinstating) ADDITIONS/CHANGES TO OFF		D DIRECTO	RS IN 12
12. TITLE	OFFICERS AN	ND DIRECTORS	13.	E	gnature required			_	
12. TITLE NAME	OFFICERS AN SCHLESINGER, KATHIE A	D DIRECTORS	13. 1.1 TITL 1.2 NAM	Æ				_	
12. TITLE NAME STREET ADDRESS	P SCHLESINGER, KATHIE A 1500 SAN REMO AVE., SUITE	D DIRECTORS	13. 1.1 TITL 1.2 NAM 1.3 STR	E ME EET AD	DRESS			_	
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AN SCHLESINGER, KATHIE A	D DIRECTORS DELETE	13. 1.1 TITL 1.2 NAM 1.3 STR 1.4 CIT	E ME EET AD 7-ST-ZI	DRESS			_	
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	P SCHLESINGER, KATHIE A 1500 SAN REMO AVE., SUITE	D DIRECTORS	13. 1.1 TITL 1.2 NAM 1.3 STR 1.4 CITA 2.1 TITL	E ME EET AD V-ST-ZI	DRESS			Change	☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	P SCHLESINGER, KATHIE A 1500 SAN REMO AVE., SUITE	D DIRECTORS DELETE	13. 1.1 TITL 1.2 NAM 1.3 STR 1.4 CITY 2.1 TITL 2.2 NAM 2.3 STR	E AE EET AD (-ST-Z) E AE	IDRESS IP			Change	☐ Addition
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12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	P SCHLESINGER, KATHIE A 1500 SAN REMO AVE., SUITE	D DIRECTORS DELETE	13. 1.1 TITL 1.2 NAM 1.3 STR 1.4 CITT 2.1 TITL 2.2 NAM 2.3 STR 2.4 CIT 3.1 TITL	E AE FEET AD	IDRESS IP			Change	☐ Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME	P SCHLESINGER, KATHIE A 1500 SAN REMO AVE., SUITE CORAL GABLES FL 33146	D DIRECTORS DELETE 135	13. 1.1 TITL 1.2 NAM 1.3 STR 1.4 CITY 2.1 TITL 2.2 NAM 2.3 STR 2.4 CIT 3.1 TITL 3.2 NAM	E AE	IDRESS IP IDRESS			☐ Change	☐ Addition
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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, of on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE: SIGNATURE AND

STREET ADDRESS

CITY-ST-ZIP

MURE REQUIRED PRINTED AME OF SIGNING OFFICER OR DIRECTOR

305 662 9559