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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000049947 (3) INCIDE CHIELD INC

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

FILED Apr 16 1998 8:00am Secretary of State

INSIDE	SHILLU	1140.												
Principal Place of Business Mailing Address									1881 1881 188 18490 11014 58114 88114 88114 88111 61811 61811 61814 18111 61811 61811 61811 61811 61811 6181					
2850 SOMERSET DR 2850 SOMERSET DR.														
APT. 207-L APT. 207-L														
FT. LAUDERDALE FL 33311 FT. LAUDERDALE FL 33311									DO NOT WRITE IN THIS SPACE					
									3. Date Incorporated o 07/12/1993	' Qualified				
2. Principal Pl	ace of Busi	ness	2a. Mailing Address						4. FEI Number			A	pplied For	
21				26					NOT APPLICA	ABLE			ot Applicable	
Suite, Apt. #, etc.				Suite, Ap1. #, etc.				5. Certificate of Status	Desired			Additional equired		
City & State				City & State				6. Election Campaign F	inancina		\$5.00	May Be		
23				28					Trust Fund Contribution					
Zip	Zip Country			Zıp Cou			ry	8. This corporation owes or has pair			aid the cu	d the current year Intangible		
24	25 29 30				30								No No	
9. Name and Address of Current Registered Agent									10. Name and Address of New Registered Agent					
AH	RENS, RO	BERT G				81	1 N	ame				***		
2850 SOMERSET DR.						82			(D.O. Day M. sabar in Max Annual - 11-1					
APT. 207-L						%	اء (ء	Ireel Addre	ss (P.O. Box Number is Not Acceptable)					
FT. LAUDERDALE FL 33311						83	3		•				•	
,	D 1000110	766 16 00011					↓							
						84 City					FL	85 Zip	Code	
11. Pursuant to office or reagent. La	lo the provis egistered as m familiar w	ions of Sections 607.05 jent, or both, in the Stati th, and accept the oblig	02 and 6 e of Florid gations of	07.1508, Florida Statu da. Such change was I, Section 607.0505, Fl	ites, th authorida	e abov rized b Statute	ve-na by the	med corpo e corporatio	ration submits this statem n's board of directors. I h	ent for the ereby acce	purpose o	of changing incomment as	its registered registered	
SIGNATURE														
	Signature, typed	or printed name of registered ag					gent sig	gnature required	when reinstating) ADDITIONS/CHANGE	0.70.000	DATE OF DO AN	D DIDECTO	DC IN 40	
12.	DP	OFFICERS AN	NO DIREC	DELETE		13. 1.1 TITLE		Т	ADDITIONS/CHANGE	S IO OFFI	CERS AN	Change	Addition	
i [<u> </u>											C Custoling	☐ Addition	
NAME	AHRENS, ROBERT G 2850 SOMERSET DR., APT. 207-L													
STREET ADDRESS					RESS									
CITY-ST-ZIP							ST - ZII	P				Channe	- Addition	
TOTLE				☐ DELETE		2.1 TITLE						☐ Change	Addition	
NAME						2.2 NAME				.1	,			
STREET ADDRESS					2	2.3 STREET ADDRESS				. 3			•	
CITY-ST-ZIP						2. 4 CITY-ST-ZIP		iP					FT 1.100	
TITLE	 -				3	3.1 TITLE						Change	Addition	
NAME					3	3.2 NAME								
STREET ADDRESS					3	3.3 STREE	et add	RESS						
CITY-SI-ZIP							3.4. CITY-ST-ZIP							
TITLE	DELETE 4.1					4.1 TITLE						☐ Change	Addition	
NAME					_ I 4	. 2 NAMI	E							
\$TREET ADDRESS					- 14	1.3 STREE	et add	RESS						
CITY-ST-ZIP						I.4 CITY-	ST - Zil	Р			· · ·			
TITLE				☐ DELETE	ŧ	5.1 TITLE						☐ Change	Addition	

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.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE 6.2 NAME

4-7-98 ROBERT G. AHRENS

DELETE

Addition

☐ Change