Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90081 047 ***150.00

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 # P9300049947

1. Corporation Name

INSIDE SHIELD, INC.

	,							
Principal Place of Business		Mailing Address			115 MAREN MMENE MENEN 1	ATTA TAUT AT	til til at langs	
2850 SOMERSET DR.		2850 SOMERSET DR.						
APT. 207-L APT. 207-L				DO NOT WEE	TE IN THIS SOA	·C=		
FT. LAUDERDALE FL 33311 FT. LAUDERDALE FL 33311				DO NOT WRITE IN THIS SPACE		.CE		
					3. Date Incorporated or Qualifed 07/12/1993			
2 Dringing D	ace of Business	2a. Mailing Address			4. FEI Number		Appl	lied For
 1 '	ace of Business	26. Walling Address			NOT APPLICABLE	•	H	Applicable
Suite, Apt.	#. etc.	Suite, Apt. #, etc.	<u> </u>			_ \$	8.75 Ad	
22		27			5. Certifcate of Status Desired		Fee Req	uired
City & State	9 .	City & State	_		6. Election Campaign Financing		\$5.00 N	lay Be
23	<u> </u>	28			Trust Fund Contribution		Added to	Fees
Zip	Country	Zip	Country		8. This corporation owes the curr			7 6
24	25	29 3	0		Personal Property Tax.	Posistered Asset		V No
	9. Name and Address of Current	Registered Agent	81	Name	10. Name and Address of New F	tegistered Ager	K	
AHRI	ens, robert g			TTENTO	<u> </u>			
2850 SOMERSET DR.			82	Street Addre	ss (P.O. Box Number is Not Accepta	able)	•	
APT. 207-L			83					
FT. LAUDERDALE FL 33311								
, , =			84	City		FL 85	5 Zip Co	ide
11. Pursuant i	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes	the above-r	named corpo	ration submits this statement for the	purpose of char	nging its re	egistered
office or re	egistered agent, or both, in the State of familiar with, and accept the obligation	f Florida. Such change was aut	horized by th	ne corporation	i's board of directors. I hereby accer	of the appointme	nt as regi	stered
_	in laminal with, and accept the obligati	ons or, occupit our .coop, t lone	a olatoto.					
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: R	tegistered Agent s	signature required		DATE		
12.	OFFICERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OF			
TITLE	DP	☐ DELETE	1.1 TITLE			Ц	Change	☐ Addition
NAME	AHRENS, ROBERT G		1.2 NAME					
STREET ADDRESS			1.3 STREET A					
CITY-ST-ZIP	FT. LAUDERDALE FL 33311		1.4 CITY-ST-2 2.1 TITLE	ZIP			Change	Addition
TITLE							Onlango	□ Accison
NAME			2.2 NAME					
STREET ADDRESS			2.3 STREET A	DDKESS	•			
CITY-ST-ZIP	□ DELETE			70 I	, ,			
TITLE	_ DLLETE		2.4 CITY-ST-	ZIP	· · · · · · · · · · · · · · · · · · ·		Change	Addition
NAME STREET ADDRESS		☐ DELETE	3.1 TITLE	ZIP	· · · · · · · · · · · · · · · · · · ·		Change	[→] Addition
		☐ DELETÉ	3.1 TITLE 3.2 NAME		· · · · · · · · · · · · · · · · · · ·		Change	↑ Addition
CITY-ST-ZIP		☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET A	DORESS	· · · · · · · · · · · · · · · · · · ·		Change	* Addition
ITTRE		☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET A 3.4. CITY-ST-	DORESS	· · · · · · · · · · · · · · · · · · ·		Change Change	Addition Addition
TITLE			3.1 TITLE 3.2 NAME 3.3 STREET AI 3.4 CITY-ST- 4.1 TITLE	DORESS	· · · · · · · · · · · · · · · · · · ·		-	
NAME			3.1 TITLE 3.2 NAME 3.3 STREET A 3.4 CITY-ST- 4.1 TITLE 4. 2 NAME	DORESS ZIP	· · · · · · · · · · · · · · · · · · ·		-	
NAME STREET ADDRESS			3.1 TITLE 3.2 NAME 3.3 STREET AI 3.4 CITY-ST- 4.1 TITLE	DORESS ZIP ODRESS	· · · · · · · · · · · · · · · · · · ·		-	
NAME			3.1 TITLE 3.2 NAME 3.3 STREET A 3.4 CITY-ST- 4.1 TITLE 4.2 NAME 4.3 STREET A	DORESS ZIP ODRESS		0	-	
NAME STREET ADDRESS CITY-ST-ZIP TITLE		☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET AL 3.4 CITY-ST- 4.1 TITLE 4.2 NAME 4.3 STREET AL 4.4 CITY-ST-	DORESS ZIP ODRESS		0	Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	· · · · · · · · · · · · · · · · · · ·	☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET AI 3.4 CITY-ST- 4.1 TITLE 4.2 NAME 4.3 STREET AI 4.4 CITY-ST- 5.1 TITLE	DORESS ZIP ODRESS		0	Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET AI 3.4. CITY-ST- 4.1 TITLE 4.2 NAME 4.3 STREET AI 4.4 CITY-ST- 5.1 TITLE 5.2 NAME	DORESS ZIP ODRESS ZIP DORESS		0	Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME		☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET AI 3.4 CITY-ST- 4.1 TITLE 4.2 NAME 4.3 STREET AI 4.4 CITY-ST- 5.1 TITLE 5.2 NAME 5.3 STREET AI	DORESS ZIP ODRESS ZIP DORESS			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 807. Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or email attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

954-730-8123