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

FILED
Mar 31, 1999 8:00 am
Secretary of State
03-31-1999 90057 011 ***150.00

DOCUMENT # P94000079396

1. Corporation Name

IAD TECHNOLOGIES, CORP.

Principal Place of Business / Mailing Address

2198 Main St.
Sarasota, FL 34237

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 10/28/94

2. Principal Place of Business
21: 2890 Palm Beach Blvd.
Suite, Apt. #, etc. 22:
City & State 23: Ft. Myers, FL
Zip 24: 33916 Country 25: USA

2a. Mailing Address
26:
Suite, Apt. #, etc. 27:
City & State 28:
Zip 29: Country 30:

4. FEI Number: 65-0530421 ☐ Applied For ☐ Not Applicable

5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

Peter J. Jaensch
3400 S. Tamiami Trail
Sarasota, FL 34239

10. Name and Address of New Registered Agent

81 Name: Russell Attree
82 Street Address (P.O. Box Number is Not Acceptable): 2890 Palm Beach Blvd.
83: F
84 City: Ft. Myers **FL** 85 Zip Code: 33916

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Russell Attree — 3/16/999
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ☐ DELETE	1.1 TITLE	PTSD ☒ Change ☐ Addition
NAME / STREET ADDRESS	Russ Attree	1.2 NAME / 1.3 STREET ADDRESS	Russ Attree 2890 Palm Beach Blvd.
CITY-ST-ZIP	2890 Palm Beach Blvd. Ft. Myers, FL 33916	1.4 CITY-ST-ZIP	Ft. Myers, FL 33916
TITLE	VP ☐ DELETE	2.1 TITLE	VPD ☒ Change ☐ Addition
NAME / STREET ADDRESS	Julian Attree 2890 Palm Beach Blvd.	2.2 NAME / 2.3 STREET ADDRESS	Julian Attreée 2890 Palm Beach Blvd.
CITY-ST-ZIP	Ft. Myers, FL 33916	2.4 CITY-ST-ZIP	Ft. Myers, FL 33916
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME / STREET ADDRESS		3.2 NAME / 3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME / STREET ADDRESS		4.2 NAME / 4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME / STREET ADDRESS		5.2 NAME / 5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME / STREET ADDRESS		6.2 NAME / 6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (11/98)

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, with all other like empowered.

SIGNATURE: Russell Attree — 3/16/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #