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

FILED
Jul 01 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # p97000017725

1. Corporation Name

ID TECHNOLOGIES, INC.

Principal Place of Business / Mailing Address

6555 Powerline Road, Suite 106
Fort Lauderdale, Florida 33309

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 2/25/97

2. Principal Place of Business	2a. Mailing Address
21 6555 Powerline Road	26 6555 Powerline Road
Suite, Apt. #, etc: 22 106	Suite, Apt. #, etc: 27 106
City & State: 23 Fort Lauderdale, FL	City & State: 28 Fort Lauderdale, FL
Zip: 24 33309 Country: 25 USA	Zip: 29 33309 Country: 30 USA

4. FEI Number: 650739562 ☐ Applied For ☐ Not Applicable

5. Certificate 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 or has paid the current year intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SAME AS LAST YEAR PETER PORTLEY PORTLEY & SULLIVAN 2401 East Atlantic Blvd. Pompano Beach, FL 33062	81 Name: Same as current 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City: FL 85 Zip Code

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 _____ (Signature, typed or printed name of registered agent, and title, if applicable) (Must be Registered Agent Signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRESIDENT / TREASURER ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	JOHN A HAND	1.2 NAME	
STREET ADDRESS	1213 SW 83rd AVENUE,	1.3 STREET ADDRESS	
CITY-ST-ZIP	N. LAUDERDALE, FL 33068	1.4 CITY-ST-ZIP	
TITLE	VICE PRESIDENT&SECRETARY ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	MANLEY MORRIS	2.2 NAME	
STREET ADDRESS	2820 SOMERSET DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	LAUDERADLE LAKES, FL 33311	2.4 CITY-ST-ZIP	
TITLE	VICE PRESIDENT ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	DAVID M. SHELBY	3.2 NAME	
STREET ADDRESS	11180 NW 28th STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	SUNRISE, FL 33322	3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

200002578942
-07/02/98--01041--012
***550.00

CR2E034 (10/97)

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.

SIGNATURE: John A. Hand JOHN A HAND 5/19/98 954-958-9355
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #