

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  
Apr 29, 1999 8:00 am  
Secretary of State

04-29-1999 90145 036 \*\*\*150.00

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1. Corporation Name  
INNOVATIVE PROTECTION SYSTEMS, INC.

Principal Place of Business  
12921 NW 2 ST  
#303  
PEMBROKE PINES FL 33028  
US

Mailing Address  
12921 NW 2 ST  
#303  
PEMBROKE PINES FL 33028  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
11/21/1997

4. FEI Number  
65-0800450

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 the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 12941 NW 2nd St, #101

26 Suite, Apt. #, etc. SAME

22 PEMBROKE PINES

27 City & State

23 FLORIDA

28 City & State

24 Zip 33028 Country USA

29 Zip 30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HUDSON, DONALD D  
12921 NW 2 ST  
#303  
PEMBROKE PINES FL 33028

81 Name HUDSON, DONALD D  
82 Street Address (P.O. Box Number Not Applicable)  
12941 NW 2nd St, #101  
83 PEMBROKE PINES  
84 City FL 85 Zip Code 33028

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 Donald D. Hudson

DATE 4/26/99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P  
NAME HUDSON, DONALD D  
STREET ADDRESS 12921 NW 2 ST #303  
CITY-ST-ZIP PEMBROKE PINES FL 33028

1.1 TITLE P  
1.2 NAME HUDSON, DONALD D  
1.3 STREET ADDRESS 12941 NW 2 ST #101  
1.4 CITY-ST-ZIP PEMBROKE PINES, FL 33028

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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: Donald D. Hudson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE 4/26/99

DATE

954-442-3487

DAYTIME PHONE #

CR2E034 (11/98)