Apr 29, 1999 8:00 am Secretary of State

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PROFIT: **CORPORATION** ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # **P97000099980**

1. Corporation Name

INNOVATIVE PROTECTION SYSTEMS, INC.

Principal Place	o of Rusiness	Mailing Address			01% 90% 90% 90% P3% 10% 10%	
12921 NW 2 ST	•	12921 NW 2 ST				
#303		#303				
PEMBROKE PINES FL 33028 PEMBROKE PINES FL 33028			DO NOT WRITE IN THIS SPACE			
US	· :	US		3. Date Incorporated or Qualifed 11/21/1997	l	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Ap	plied For
21 1294	1 A16) ZMSt. 70/	26		65-0800450	No	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, et	<u> </u>	5. Certificate of Status Desired	\$8.75	I
22 EMB	ROKE MNES	27	VIB	5. Certificate of Status Desired	Fee Re	equired
City & Stat	e	City & State	•	6. Election Campaign Financing		
23 /- COK	N/OA	28		Trust Fund Contribution	Added	to Fees
Zip	Country CA	Zip	Country	8. This corporation owes the cur	_	
24 556	25 US/	29 3	0	Personal Property Tax. 10. Name and Address of New	Yes	□No
	9. Name and Address of Current I	Registered Agent	81 Namile /	10. Name and Address of New	Registered Agent	
HILD	SON, DONALD D		`` ``" <i>\</i> Y(1050N. 1)DNACO 1	<u></u> ر	
	1 NW 2 ST		82 Street-A	drose (P.O. Box Numberus) for Accom	able)	
#303			83 / 2.	171 NW & DI,		
	BROKE PINES FL 33028		00 (51	UBROKE MINES		_
	51,0/12 1 1120 1 2 00020		84 City		FL 85 33	Sode &
)		4	*	ornoration submits this statement for the		registered
}-; -	0 AC NO.					
office∕orra	to the provisions of Sections 607 0502, egistered agent, or both, in the State of	Monda, Such change was autr	norized by the corbor	ation's board of directors. I hereby acce	pt the appointment as re	gistered
office∕orra	enietered skient of hosti in the Stake Of	and 607.1508, Florida Statutes, Florida, Such change was auti na 67, Section 607.0505, Florid	norized by the corbor	ation's board of directors. I hereby acce	pt the appointment as re $A/26/9$	gistered Q
office∕orra	egistered agent, or both, in the State of m familiar with, and account the obligation	na of, Section 607.0505, Florid	nonzed by the corporate Statutes.	ation's board of directors. Thereby acce	pt the appointment as re	gistered
office or re agent. I a	egistered agent, or both, in the State of m familiar with, and according obligation of the state	Notice Such change was autroph, Section 607.0505, Florid	norized by the corbor	ation's board of directors. Thereby acce	4/26/9	9
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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 true the empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 12 or Blodk 13 if changes, or on an attackment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: