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 # **P98000098804**1. Corporation Name

INTERNATIONAL AGRICULTURAL TECHNOLOGIES, INC.

| Prin | cip: | al Place | of Bus | siness | • |
|------|------|----------|--------|--------|-----|
| 4001 | \$. | OCEAN | DRIVE | STE. | 8-B |

Mailing Addroce

FILED Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90185 013 ***150.00



| Fillicipal Flace | e or pusiness | 1914 | alling Address | | | | | |
|----------------------|---|-----------|---|---------------|---|----------------------|--|----------|
| | DRIVE STE. 8-B | | OI S. OCEAN DRIVE STE. DLLYWOOD FL 33019 | 8-B | | | | |
| HOLLYWOOD FI | r 3301a | nu | DEFIMOOD LE 22019 | | | | DO NOT WRITE IN THIS SPACE | |
| | | | | | | | | |
| | | | | | | | 3. Date Incorporated or Qualifed | J |
| | <u></u> | | | | | | 11/24/1998 | — |
| 2. Principal Pl | ace of Business | 2a. | . Mailing Address | | | | 4. FEI Number 426- 9040 Applied For Not Applied | _ |
| 21 | | 26 | | | | | 36-426- 7040 Not Applical | ole |
| Suite, Apt. | #, etc. | | Suite, Apt. #, etc. | | | ٠ | 5. Certificate of Status Desired | 4 |
| 22 | • | 27 | | | | | 5. Certificate of Status Desired Fee Required | |
| City & State | 9 . | | City & State | | | | 6. Election Campaign Financing \$5.00 May Be | |
| 23 | | 28 | | | | | Trust Fund Contribution Added to Fees | - |
| Zip | Country | 1 | Zip | Country | y | | 8. This corporation owes the current year Intangible | \Box |
| | 25 | 29 | | , | | | Personal Property Tax. Yes No | . |
| 24 | 9. Name and Address of Current | | | | | | 10. Name and Address of New Registered Agent | |
| | 9. Name and Address of Current | t itegia | | 81 | ī | Name | | \neg |
| REEC |), steven C Jr. | | | | | | | |
| | S. OCEAN DRIVE STE. 8-B | | | 82 | 82 Street Address (P.O. Box Number is Not Acceptable) | | | |
| | LYWOOD FL 33019 | | | | \perp | | | |
| HOLI | LIMOOD LE 22019 | | | 83 | 3 | | | 1 |
| | | | | 84 | + | City | 85 Zip Code | \dashv |
| | | | | 64 | 1 | City | FL 3 2 5 5 5 5 5 5 5 5 5 | 1 |
| 44 Dureuant | to the provisions of Sections 607 0502 | 2 and 6 | 07 1508 Florida Statutes. | the abov | 18-1 | named corpor | oration submits this statement for the purpose of changing its registered | d |
| office or re | egictored agent or both in the State (| of Florid | da. Such channe was auff | norizea by | / In | ne corporation | n's board of directors. I hereby accept the appointment as registered | |
| agent. I ar | m familiar with, and accept the obligat | tions of | f, Section 607.0505, Florid | a Statutes | s. | | | l |
| SIGNATURE | | a and the | t and sales (NOTE: B | naintered Age | nt o | signature required v | t when reinstating) DATE | 1 |
| | Signature, typed or printed name of registered agent OFFICERS ANI | | | 13. | 311. 0 | | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | \equiv |
| 12. | DP OFFICERS AND | ט טותם | DELETE | 1.1 TITLE | | | ☐ Change ☐ Add | |
| TITLE | - - | | | | | | | |
| NAMÉ | REED, STEVEN C JR. | | | 1.2 NAME | | | | } |
| STREET ADDRESS | 4001 S. OCEAN DRIVE STE. 8 | 3-B | | 1.3 STREE | ΞTΑ | NODRESS | | |
| CITY-ST-ZIP | HOLLYWOOD FL 33019 | | | 1.4 CITY- S | ST-2 | ZI₽ | | |
| TITLE | DV | | ☐ DELETE | 2.1 TITLE | | | ☐ Change ☐ Add | lition |
| NAME | reed, steven C SR. | | | 2.2 NAME | | | | |
| STREET ADDRESS | 4001 S. OCEAN DRIVE STE. 8 | -8 | | 2.3 STREE | ΞTΑ | ADDRESS | | |
| . 1 | HOLLYWOOD FL 33019 | - , - | | 2. 4 CITY- | | | and the second of the second o | ٠ [|
| CITY-ST-ZIP | DV | | ☐ DELETE | 3.1 TITLE | J1- | - 4n- | ☐ Change ☐ Add | ition |
| TITLE | = : | | | | | | | ļ |
| NAME | ELDER, DALE | | | 3.2 NAME | | | | 1 |
| STREET ADDRESS | 802 SOUTH MERCER | | | 3.3 STREE | ETA | - 1 | . | |
| CITY-ST-ZIP | BLOOMINGTON IL 61701 | | | 3.4. CITY- | ST- | -ZIP * | | 1142 |
| TITLE | DV | | ☐ DELETE | 4.1 TITLE | | | ☐ Change ☐ Ado | HODIL |
| NAME | reed, matthew g | | • | 4. 2 NAME | : | | | - 1 |
| STREET ADDRESS | 4001 S. OCEAN DRIVE STE. 8 | 3-B | | 4.3 STREE | ET A | ADDRESS | , | |
| | HOLLYWOOD FL 33019 | | | 4.4 CITY-5 | | | • | |
| CITY-ST-ZIP TITLE | | | ☐ DELETE | 5.1 TITLE | J | | ☐ Change ☐ Ado | ition |
| | • • | | | 5.2 NAME | | | | |
| NAME | | | | 5.3 STREE | | nnpess | | |
| STREET ADDRESS | | | | | | | • | |
| CITY-ST-ZIP | | | , | 5.4 CITY-S | ST- | ZP | | lition |
| TITLE | . 4 | | DELETE | 6.1 TITLE | | | ☐ Change ☐ Add | naon |
| NAME | | | | 6.2 NAME | | | | } |
| STREET ADDRESS | | | | 6.3 STREE | ET A | ADDRESS | | |
| OTTY OT TID | | | | 6.4 CITY-5 | 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.