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Mar 05, 1999 8:00 am
Secretary of State

03-05-1999 90003 047 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # S57614

1. Corporation Name
IMPROTECH USA, INC.

Principal Place of Business 16404 DIAMOND PL FT LAUDERDALE FL 33331 US	Mailing Address 16404 DIAMOND PL FT LAUDERDALE FL 33331 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 16404 DIAMOND PLACE	2a. Mailing Address 26 16404 DIAMOND PLACE.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 WESTON, FL.	City & State 28 WESTON, FL.
Zip 24 33331	Country 25 USA
Country 29 USA	Zip 30 33331

3. Date Incorporated or Qualified 06/03/1991	Applied For Not Applicable
4. FEI Number 65-0320372	
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

PETERSON, CORNELIA F
16404 DIAMOND PL
FT LAUDERDALE FL 33331

10. Name and Address of New Registered Agent

81 Name **PETERSON, CORNELIA F**

82 Street Address (P.O. Box Number is Not Acceptable)
16404 DIAMOND PLACE

83

84 City **WESTON** FL 85 Zip Code **33331**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE PTD	<input type="checkbox"/> DELETE
NAME PETERSON, CORNELIA F.	
STREET ADDRESS 16404 DIAMOND PLACE	
CITY-ST-ZIP FT LAUDERDALE FL	
TITLE SVD	<input type="checkbox"/> DELETE
NAME PETERSON, RANDOLPH D.	
STREET ADDRESS 16404 DIAMOND PLACE	
CITY-ST-ZIP FT LAUDERDALE FL	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME PETERSON CORNELIA F	
1.3 STREET ADDRESS 16404 DIAMOND PLACE	
1.4 CITY-ST-ZIP WESTON, FL. 33331	
2.1 TITLE SVD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME PETERSON, RANDOLPH D.	
2.3 STREET ADDRESS 16404 DIAMOND PLACE	
2.4 CITY-ST-ZIP WESTON, FL. 33331	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: _____ Date **2/15/99** Phone # **954-349-0530**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
CORNELIA F. PETERSON

CR2E034 (11/98)