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

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

FILED PROFIT Feb 10 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham annual report Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # ADH INNOVATIONS, INC. Principal Place of Business Mailing Address P O BOX 15341 WEST PALM BEACH FL 33416 WEST PALM BEACH FL 33416 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/22/1991 Principal Place of Business 2a, Mailing Address Applied For 2 65-0249691 Not Applicable Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 City & State \$5.00 May Be City & State 6. Election Campaign Financing Added to Fees Trust Fund Contribution 28 Žiρ Country 8. This corporation owes or has paid the current year Intangible Yes Yes Personal Property Tax due June 30. 24 25 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent R1 Name HIRSCHHORN, ANDREW 7720 BETA CIRCLE E 82 Street Address (P.O. Box Number is Not Acceptable) **WEST PALM BCH FL 33406** 83 Zip Code 11. Pursuant to the provisions of Sections 607 0502 and 607 1508. Florida Statutos, 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, typing or protest name of registerest agent and take if applicable (NOTE Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE 11 TITLE TITLE HIRSCHHORN, ANDREW 1.2 NAME NAME 7720 BETA CIRCLE E 1.3 STREET ADDRESS STREET ADDRESS WEST PALM BEACH FL 1.4 CITY-ST-ZIP CITY - ST - ZIP Change __ Addition DELETE 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Addition Change DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-S1-2IP Addition Change DELETE 51 TITLE TITLE 52 NAME NAME 5 3 STREET ADDRESS STREET ADDRESS 54 CITY-ST-ZIP CITY - ST - ZIP DELETE Change Addition 6.1 TITLE

62 NAME

14. I hereby certify that the information supplied with this filing closs 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

6.3 STREET ADDRESS