

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 845389 (6)

1. Corporation Name

INNOVATIVE INTERFACES INCORPORATED



Principal Place of Business

5850 SHELLMOUND ST
EMERYVILLE CA 94608
US

Mailing Address

5850 SHELLMOUND ST.
EMERYVILLE CA 94608
US

3. Date Incorporated or Qualified
03/03/1980

3a. Date of Last Report
02/01/1995

2. Principal Place of Business

21 State, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 State, Apt. #, etc.

27 City & State

28 Zip Country

29 30

4. FEI Number
94-2553274

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

HURLEY, JAMIE KANNETTE
INNOVATIVE INTERFACES INC.
1019 S.E. 3RD ST.
OCALA FL 32671

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL 85 Zip Code

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

Jamie K. Hurley

Signature of Registered Agent or Officer or Director (Typed Name)

DATE

12. OFFICERS AND DIRECTORS

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1. TITLE NAME STREET ADDRESS CITY-STATE-ZIP TITLE NAME STREET ADDRESS CITY-STATE-ZIP TITLE NAME STREET ADDRESS CITY-STATE-ZIP TITLE NAME STREET ADDRESS CITY-STATE-ZIP TITLE NAME STREET ADDRESS CITY-STATE-ZIP TITLE NAME STREET ADDRESS CITY-STATE-ZIP	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-STATE-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-STATE-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-STATE-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-STATE-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-STATE-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-STATE-ZIP

PD
KLINE, GERALD M.
901 MENDOCINO
BERKELEY CA

VST
SILBERSTEIN, STEPHEN M.
2827 PALM COURT
BERKELEY, CA 00000

V
WALTON, ROBERT A.
843 MENDOCINO
BERKELEY CA

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplement if 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, that I am a 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 for or an addition to the address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert Walton
Robert Walton

4/5/96

510-655-6200

CR2E034 (12/95)