

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Oct 01 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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 94608-1966
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/03/1980

4. FEI Number

94-2553274

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes ☐ No

2. Principal Place of Business

21 5850 Shellmound Way

Suite, Apt. #, etc.

22

City & State

23 Emeryville, Ca 94608

Zip

Country

24

2a. Mailing Address

26 5850 Shellmound Way

Suite, Apt. #, etc.

27

City & State

28 Emeryville, Ca 94608

Zip

Country

29

30

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME KLINE, GERALD M.
STREET ADDRESS 901 MENDOCINO
CITY-ST-ZIP BERKELEY CA

TITLE VST ☐ DELETE

NAME SILBERSTEIN, STEPHEN M.
STREET ADDRESS 2827 PALM COURT
CITY-ST-ZIP BERKELEY, CA 00000

TITLE V ☐ DELETE

NAME WALTON, ROBERT A.
STREET ADDRESS 843 MENDOCINO
CITY-ST-ZIP BERKELEY CA

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

SILBERSTEIN, STEPHEN M.
29 Eucalyptus
Belvedere, Ca 94920

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing is not subject to 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 to this report.

SIGNATURE:

SIGNATURE:

CR2E034 (5/98)