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

PROFIT CORPORATION **ANNUAL REPORT**

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 668113

Mailing Address

INNOVATIVE TECHNOLOGY, INC.

FILED
Apr 29 1997 8:00am
Secretary of State

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15470 FLIGHT BROOKSVILLE		15470 FLIGHT PATH DR BROOKSVILLE FL 34609-	15470 FLIGHT PATH DR BROOKSVILLE FL 34609-6823					
					3. Date Incorporated or Qualified 04/28/1980	3a. Date of L 01/26/19		
	lace of Business	2a. Mailing Address	2a. Mailing Address		4, FEI Number	T	Applied For	
21		26	26		59-2009226		Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				\$8	75 Additional	
22 City & Stat		27			5. Certificate of Status Desired	IX!	e Required	
	0	City & State		· 	6. Election Campaign Financing		.00 May Be	
23		28	28		Trust Fund Contribution			
Zip	Country	Zip	Countr	У		8. This corporation has liability for intangible tax under s. 199.032.		
24	25	[29]	30		· -	Yes No	der e. 155.002.,	
	g, Name and Address of Curr	ent Registered Agent		10. Name and Address of New Registered Agent				
HOO	SAN, THOMAS		8.	Namo		<u> </u>		
20 S BROAD STREET					Division Andrew (O.O. D. H. C. and D. A. and D. Andrew (O.O. D. H. C. and D. Andrew (O.O. D. A			
BROOKSVILLE FL 34601			82	Street Add	Bress (P.O. Box Number is Not Acceptable	e)		
			83					
			84	'		FL 85	Zıp Code	
11. Pursuant office or r agent. I a	to the provisions of Sections 607.0 egistered egent, or both, in the Sta m familiar with, and accept the obl	502 and 607.1508, Florida Statu lo of Florida. Such change was igations of, Section 607.0505, F	ites, the above authorized b Torida Statute	re-named cor by the corpora s.	poration submits this statement for the pu ation's board of directors. I hereby accept	rpose of chang the appointme	ing its registered nt as registered	
SIGNATURE								
12.	Signature, typed or printed name of registered a	ngent and title if applicable (NO		ent signature requ	ired when reinstating)	DATE		
TITLE	C8	DELETE	13.		ADDITIONS/CHANGES TO OFFICE			
NAME	WILFONG, DENNIS H					Cha	inge 🔲 Addition	
	21034 VIOLET RD		1.2 NAME				- 1	
STREET ADDRESS	DOUGHILE EL MANA			1 ADDRESS			į.	
CITY-ST-ZIP TITLE	PT PT	T MILE	1.4 CITY-	S1 - ZIP				
- 1	WOODALL HADE DAVED		2.1 1IILE			☐ Chá	inge 🔲 Addition 🏻 🤻	
NAME			22 NAME		\mathcal{L}^*			
STREET ADDRESS	15470 FLIGHT PATH DR BROOKSVILLE FL		2 3 STREET ADDRESS		·			
CITY-ST-ZIP	BHOOKSVILLE FL	T percent	2 4 CITY-	ST-7P				
TITLE		☐ DELETE	3.1 THILE			L_J Cha	nge L Addition	
NAME			3.2 NAME					
STREET ADDRESS			3.3 STREE	I ADDRESS				
CITY-ST-ZIP			3.4. CITY-	S1-ZIP				
TITLE		☐ DELETE	4.1 TO LE	Į		☐ Cha	nge 🔲 Addition	
NAME			4. 2 NAME				1	
STREET ADDRESS			4.3 STREE	I ADDRESS				
CITY-ST-ZIP			4.4 CITY-	ST - ZIP				
TITLE		☐ DEL€1E	5.1 TITLE			☐ Cha	nge Addition	
NAME			5.2 NAME					
STREET ADDRESS			5 3 STREE	ADDRESS				
CITY-ST-ZIP			5.4 City-					
TITLE		DELETE	61 TITLE			Cha	nge Addition	
NAME			6.2 NAME					
STREET ADDRESS			ľ	ADDRESS				
CITY-ST-ZIP								
0111-01*EP			6.4 CITY - :	ST-707				

I do 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 13 or Block 13 if changed, or on an attachment with an address.