

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

FILED

**May 15 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 # 668113 (4)

1. Corporation Name **INNOVATIVE TECHNOLOGY, INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business 15470 FLIGHT PATH DR BROOKSVILLE FL 34609	Mailing Address 15470 FLIGHT PATH DR BROOKSVILLE FL 34609
---	---

3. Date Incorporated or Qualified 04/28/1980	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number 59-2009226	Not Applicable
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 or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	Mailing Address
21 Suite, Apt. #, etc.	26 % Delta America Inc.
22 City & State	27 433 So. Main St. #117
23 Zip	28 West Hartford CT
24 Country	29 06110
	30 USA

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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	CD	<input type="checkbox"/> DELETE
NAME	WILFONG, DENNIS H	
STREET ADDRESS	21034 VIOLET RD	
CITY-ST-ZIP	BROOKSVILLE, FL 00000	
TITLE	PT	<input checked="" type="checkbox"/> DELETE
NAME	WOODALL, JACK DAVID	
STREET ADDRESS	15470 FLIGHT PATH DR	
CITY-ST-ZIP	BROOKSVILLE 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	C	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	TODD G. ATKINSON	
1.3 STREET ADDRESS	433 SOUTH MAIN ST #117	
1.4 CITY-ST-ZIP	WEST HARTFORD CT 06110	
2.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	FRANK CASAGNI	
2.3 STREET ADDRESS	15470 FLIGHT PATH DRIVE	
2.4 CITY-ST-ZIP	BROOKSVILLE FL 34609	
3.1 TITLE	J/S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	JOHN G. RUTH, JR	
3.3 STREET ADDRESS	433 SOUTH MAIN STREET #117	
3.4 CITY-ST-ZIP	WEST HARTFORD CT 06110	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	ROBERT VANSICKLE	
4.3 STREET ADDRESS	2132 TOMLYNN ST.	
4.4 CITY-ST-ZIP	RICHMOND VA 23230	
5.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	DAVID L WATKINS	
5.3 STREET ADDRESS	2132 TOMLYNN ST.	
5.4 CITY-ST-ZIP	RICHMOND VA 23230	
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.

SIGNATURE _____

CR2E034 (10/97)