FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996

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

DOCUMENT # **F43594** **(3)**

1. Corporation Name
INNOVATIVE INDUSTRIES OF TAMPA, INC.

Principal Place of Business
5403 WEST GRAY STREET
TAMPA FL 33609

Mailing Address
5403 WEST GRAY STREET
TAMPA FL 33609

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip 24 County 25

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip 29 County 30

3. Date Incorporated or Qualified: 09/01/1981
3a. Date of Last Report: 02/06/1995
4. FEI Number: 59-2121283 — 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 Statute ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
HATCH, MICHAEL L.
6308 JACQUELINE ARBOR DR.
TEMPLE TERRACE FL 33610

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Numbers Is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Section 607.0502 and 607.0505, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office and/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

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP	DELETE
P	HATCH, MICHAEL L	6308 JACQUELINE ARBOR DR	TEMPLE TERRACE FL	☐
V	PACHECO, MARK A.	1800 SAGEBRUSH	PLANT CITY FL	☐
				☐
				☐
				☐
				☐
				☐

13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS (Change / Addition)
1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY, ST, ZIP ☐ Change ☐ Addition
5 TITLE 6 NAME 7 STREET ADDRESS 8 CITY, ST, ZIP ☐ Change ☐ Addition
9 TITLE 10 NAME 11 STREET ADDRESS 12 CITY, ST, ZIP ☐ Change ☐ Addition
13 TITLE 14 NAME 15 STREET ADDRESS 16 CITY, ST, ZIP ☐ Change ☐ Addition
17 TITLE 18 NAME 19 STREET ADDRESS 20 CITY, ST, ZIP ☐ Change ☐ Addition
21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY, ST, ZIP ☐ Change ☐ Addition

14. I hereby certify that the information indicated on this report or supplemental 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 of this report or in my signature in Block 14 of this report.

SIGNATURE: 3/22/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)