


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

FILED
Mar 05 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **H65660** (3)
1. Corporation Name
PRODUCT INNOVATION, INC.

Principal Place of Business 650 S. HEDGECOCK SQUARE SATELLITE BEACH FL 32937-3927	Mailing Address 650 S. HEDGECOCK SQUARE SATELLITE BEACH FL 32937-3927
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 665 YOUNGSTOWN PKWY Suite, Apt. #, etc. 22 261 City & State 23 ALTAMONTE SPRINGS, FL Zip 24 32714		2a. Mailing Address 26 665 YOUNGSTOWN PKWY Suite, Apt. #, etc. 27 261 City & State 28 ALTAMONTE SPRINGS, FL Zip 29 32714 Country 30 USA		3. Date Incorporated or Qualified 07/10/1985	
		4. FEI Number 59-2563078		Applied For 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent WEISS, KURT C 1901 S. HARBOR CITY BLVD., SUITE 805 MELBOURNE FL 32901		10. Name and Address of New Registered Agent 81 Name ALEXANDER J. OMBRES 82 Street Address (P.O. Box Number is Not Acceptable) ARNOLD, MATTHEW & SAGAN, P.A. 83 801 N. MAGNOLIA AVE, SUITE 201 84 City ORLANDO FL 85 Zip Code 32803	
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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  **Alexander J. Ombres** 2/25/98
Signature typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTSD MOSS, JAMES R. 650 S HEDGECOCK SQ SATELLITE BCH FL <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	PTD MOSS, JAMES R. 665 YOUNGSTOWN PKWY, #261 ALTAMONTE SPRINGS, FL 32714 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	VSD PEGGY MOSS 665 YOUNGSTOWN PKWY, #261 ALTAMONTE SPRINGS, FL 32714 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **JAMES R. MOSS** 2/25/98 407-788-0094

CR2E034 (10/97)