SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # H97562 (3)

1. Corporation Name
INNOVET, INC.

Principal Place of Business	Mailing Address
1655 PALM BEACH LAKES BLVD. SUITE 910 WEST PALM BEACH FL 33401	1655 PALM BEACH LAKES BLVD. SUITE 910 WEST PALM BEACH FL 33401

3. Date Incorporated or Qualified: 02/03/1986
3a. Date of Last Report: 05/26/1995

2. Principal Place of Business	2a. Mailing Address
21 14255 US Hwy 1	26 14255 US Hwy 1
22 Suite, Apt. #, etc. #206	27 Suite, Apt. #, etc. #206
23 City & State Juno Beach, FL	28 City & State Juno Beach, FL
24 Zip 33408 — 25 Country USA	29 Zip 33408 — 30 Country

4. FEI Number: 59-2699441 ☐ 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 Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CIELEWICH, SCOTT P.
1655 PALM BEACH LAKES BLVD.
SUITE 510
WEST PALM BEACH FL 33401

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 14255 US Hwy 1
83 #206
84 City Juno Beach FL 85 Zip Code 33408

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 ______________________ DATE

12. OFFICERS AND DIRECTORS

TITLE	STVD	☐ DELETE
NAME	CIELEWICH, SCOTT P.	
STREET ADDRESS	1655 PALM BEACH LAKES BLVD. STE 910	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	
TITLE	DC	☐ DELETE
NAME	HENDRICKSON, ROLAND	
STREET ADDRESS	1655 PALM BEACH LAKES BLVD. STE 910	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	
TITLE	D	☒ DELETE
NAME	~~FRANKLIN, RICHARD M.D.~~	
STREET ADDRESS	~~1655 PALM BEACH LAKES BLVD. STE 910~~	
CITY-ST-ZIP	~~WEST PALM BEACH FL 33401~~	
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	14255 US Hwy 1 #206	
1.4 CITY-ST-ZIP	Juno Beach, FL 33408	
2.1 TITLE		☒ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS	14255 US Hwy 1 #206	
2.4 CITY-ST-ZIP	Juno Beach, FL. 33408	
3.1 TITLE		☐ Change ☐ Addition
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		

CR2E034 (3/96)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Scott P. Cielewich — 6/14/96 — (407) 575-2800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #