

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**APPROVED
AND
FILED**

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Kathleen B. Marchant
Secretary of State
Tallahassee, Florida 32399-0001

06/08/1990 05/01/1994

FT. MYERS, FLORIDA

DOCUMENT # **L79637** (9)

INNX MANUFACTURERS & EXPORTERS INC.

Principal Place of Business: 5580 ENTERPRISE PKWY FT MYERS FL 33905
 Mailing Address: 5580 ENTERPRISE PKWY FT MYERS FL 33905

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Created: **06/08/1990** 3a. Date of Last Report: **05/01/1994**

4. FIC Number: **16-1176406** 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 was eligible for simplified tax status under Florida Statutes: Yes No

2. Principal Place of Business: 21. Suite, Apt. #, etc.: 26. Mailing Address: 26. Suite, Apt. #, etc.:
 22. City & State: 27. City & State:
 24. 25. 29. 30.

9. Name and Address of Current Registered Agent
LUMSDEN, DENNIS J.
6719 WINKLER RD
SUITE 121
FT. MYERS FL 33919

10. Name and Address of New Registered Agent
 B1. Name
 B2. Street Address (P.O. Box Number, Not Applicable)
 B3.
 B4. City **FL** B5. Zip Code

11. Pursuant to the provisions of Sections 607.011, 607.012, and 607.013, 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 Sections 607.011, 607.012, and 607.013, Florida Statutes.

SIGNATURE: _____

12. ADDITIONAL REGISTERED OFFICES:
 NAME: **D POSMA, BONNE W.**
 STREET ADDRESS: **5580 ENTERPRISE PKWY FT MYERS FL**
 NAME: **D VAN DER MERWE, DAVID J.**
 STREET ADDRESS: **5580 ENTERPRISE PKWY FT MYERS FL**

13. ADDITIONAL REGISTERED AGENTS:
 NAME: _____
 STREET ADDRESS: _____
 NAME: _____
 STREET ADDRESS: _____
 NAME: _____
 STREET ADDRESS: _____
 NAME: _____
 STREET ADDRESS: _____
 NAME: _____
 STREET ADDRESS: _____

14. I, the undersigned, certify that the information supplied on this filing is truthful, accurate and complete and applies for the corporation stated in this filing. I hereby certify that the information contained on this filing is true and correct and that my corporation shall have the same legal effect as if made under oath. This filing is effective as of the date of filing of the corporation registration prepared to execute the report as required by Chapter 607, Florida Statutes, and that my signature appears in Block 1 of Block 11 of Attachment 2 with an address.

SIGNATURE: _____
 SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

813-693-7200