

File on or before May 1, 1999 or Limited Liability Company will be subject to a \$400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		MAY -5 PM 3:52 425/15
FILING FEE \$188.75		Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE		
1. Name and Mailing Address of Limited Liability Company DOCUMENT # L95000000141 INNOVATIONS INTERNATIONAL IND. 5017 TAMIAMI TRAIL E. NAPLES FL 34113		1a. Principal Place of Business Address SAME		
2. Principal Place of Business 5017 TAMIAMI TR. E. Suite, Apt. #, etc. N/A City & State NAPLES FL Zip 34113 Country USA		2a. Mailing Address 5356 GRAND CYPRESS CIR Suite, Apt. #, etc. 201 City & State NAPLES FL Zip 34109 Country USA		3. Date Organized or Qualified 01/01/95 3a. State of Formation FL 4. FEI Number 95-0564881 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. Name and Address of Current Registered Agent VICTOR E. MATHURIN 5356 GRAND CYPRESS CIRCLE UNIT # 201 NAPLES FL 34109		8. Name and Address of New Registered Agent/Office Name SAME Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code		
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company 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 affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.				
SIGNATURE _____ <small>(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)</small>		DATE 5/1/99		
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code	
CEO	VICTOR E. MATHURIN	5356 GRAND CYPRESS	NAPLES FL 34109	
400002883194--5 -05/21/99--01117--025 ****197.50 ****197.50				
11. I do 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 is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes, and that my name appears in Block 10, or on an attachment with an address.				
SIGNATURE: <i>Victor E. Mathurin</i> VICTOR E. MATHURIN		Date 5/1/99 Daytime Phone # 941-598-1716		