SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT

1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 16 PM 12:39

DOCUMENT # **P23764** **(4)**

1. Corporation Name
INOVATEK ADVISORS, INC.

Principal Place of Business	Mailing Address
905 M.L. KING DR. SUITE 200 TARPON SPRINGS FL 34689-4827 US	905 MARTIN LUTHER KING JR. DRIVE SUITE 200 TARPON SPRINGS FL 34689-4827 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/07/1989
3a. Date of Last Report: 07/29/1994

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24:
Country — 25:
Zip — 29:
Country — 30:

4. FEI Number: 13-3058340 ☐ 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

MCGINTY, A. E ESQUIRE
P. O. BOX 271325
TAMPA FL 33688

10. Name and Address of New Registered Agent

81 Name: R.E. McGinty
82 Street Address (P.O. Box Number is Not Acceptable): 13577 Feather Sound
83: UNIT 300
84 City: Clearwater FL 85 Zip Code: 34622

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: [signature] 6/13/95
Signature required for printed name of registered agent and the 2 applicable (NOTE: Registered Agent signature required when mandating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	11 TITLE	☐ Change ☐ Addition
NAME	VAJK, HUGO	12 NAME	
STREET ADDRESS	905 M. L. KING DR., STE. 200	13 STREET ADDRESS	
CITY ST ZIP	TARPON SPRINGS FL	14 CITY ST ZIP	
TITLE	VSD	21 TITLE	☒ Change ☐ Addition
NAME	VAJK, TANYA	22 NAME	VAJK, TANYA
STREET ADDRESS	8045 SW 100 ST	23 STREET ADDRESS	810 NW 13TH STREET
CITY ST ZIP	MIAMI FL	24 CITY-ST-ZIP	HOMESTEAD, FL 33030
TITLE	V	31 TITLE	☐ Change ☐ Addition
NAME	VAJK, BARBARA L	32 NAME	
STREET ADDRESS	905 M. L. KING DR., STE. 200	33 STREET ADDRESS	
CITY ST ZIP	TARPON SPRINGS FL	34 CITY-ST-ZIP	
TITLE	AS	41 TITLE	☒ Change ☐ Addition
NAME	MCGINTY, A. EDWARD	42 NAME	NO LONGER DIRECTOR
STREET ADDRESS	4820 CYPRESS TREE DR.	43 STREET ADDRESS	
CITY ST ZIP	TAMPA FL	44 CITY ST ZIP	
TITLE	V	51 TITLE	☒ Change ☒ Addition
NAME	CAMPBELL, MADELEINE VAJK	52 NAME	CAMPBELL, MADELEINE VAJK
STREET ADDRESS	EASTER CLATTO COTTAGE, CUPAR	53 STREET ADDRESS	EASTER CLATTO COTTAGE, CUPAR
CITY ST ZIP	FIFE SC	54 CITY ST ZIP	FIFE, KY15 5UE, SCOTLAND
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

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)(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 the 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: [signature] June 12, 1995 813 937 7387
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (3/95)

0117190 CP