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

PROFIT CORPORATION ANNUAL REPORT

**19**98



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P9200001222 (8)

## FILED May 13 1998 8:00am Secretary of State

INNOV	ATIVE INDUSTRIES, INC.				
Principal Place of Business Mailing Address  1846 NE 12 TERR 1646 NE 12TH TERR  FT. LAUDERDALE FL 33305  US  US			5	DO NOT WRITE IN	
03		US		3. Date incorporated or Qualified	THIS SPACE
6 Deleginal C	Place of Business			10/26/1992	
2. Principal P	1ace of Business	2a. Mailing Address		4. FEI Number 65-0367559	Applied For
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			Not Applicable <b>\$8.75</b> Additional
22		27		Certificate of Status Desired	Fee Required
City & Stet	0	City & State		6. Election Campaign Financing	\$5.00 May Be
Zip	Country	<b>28</b>	Country	Trust Fund Contribution  8. This corporation owes or has paid to	710000 10 1 000
24	25	29	10	Personal Property Tax due June 30.	Yes X No
ļ	9. Name and Address of Curi	ent Registered Agent		10. Name and Address of New flegist	ered Agent
	ECK, JEAN		81 Name		
1646 NE 12 TERRACE FT. LAUDERDALE FL 33305			82 Street Addre	ess (P.O. Box Number is Not Acceptable)	
	. Diapendinee i E 00000		83		
			84 City		<b>85</b> Zip Code
office or r	to the provisions of Sections 607.0 egistered agent, or both, in the Sta	502 and 607.1508, Flor <b>ida Sta</b> tuter te of Florida <sub>.</sub> Such ch <b>ange wa</b> s au	s, the above-named corporation	oration submits this statement for the purpon's board of directors. I hereby accept th	ose of changing its registered e appointment as registered
i	m temiliar with, and accept the ob-	igations of, Section 607.0505, Flor	da Statutes.		.,
SIGNATURE	Signature, typod or product name of registered	agout and the if applicable (NOTE	Registered Agent signature require	d whon reinstating)	ATE
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	S AND DIRECTORS IN 12
TITLE	DPTS SPECK, NORMAN	☐ DELETE	1.1 TITLE		Change Addition
NAME Street address	1646 NE 12 TERR		1.2 NAME 1.3 STREET ADDRESS		Ì
CITY-ST-ZIP	FT LAUDERDALE FL		1.4 CITY - \$1 - ZIP		
TITLE		DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		☐ DELETE	2.4 CITY-ST-ZIP 3.1 TITLE		Change Addition
NAME		□ veit it	3.2 NAME		C Change C Augilion
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY - ST - ZIP		
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME Street address			4. 2 NAME		
CITY-ST-ZIP			4.3 STREET ADDRESS 4.4 CITY+S1-ZIP		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5 2 NAME		_
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		T ocurre	5.4 CITY-ST-ZIP		
TITLE NAME		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
STREET ADDRESS			6.2 NAME 6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 City-St-ZiP		
					i

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.

CICALATURE.

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