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 21 AM 8:07

DOCUMENT # **P92000002480 (1)**

1. Corporation Name
INNOVATIVE TECHNOLOGIES INTERNATIONAL, INC.

Principal Place of Business	Mailing Address
289 6TH AVE N TIERRA VERDE FL 33715	1661 COMMERCE AVE. N. 289 6TH AVE N. ST. PETERSBURG FL 33178

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/02/1992	3a. Date of Last Report: 04/22/1994
4. FEI Number: 59-3155061	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	

2. Principal Place of Business	2a. Mailing Address
21 1661 COMMERCE AVENUE N.	26 1661 COMMERCE AVENUE N.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 ST. PETERSBURG, FL	City & State 28 ST. PETERSBURG, FL
Zip 24 33716 / Country 25 USA	Zip 29 33716 / Country 30 USA

9. Name and Address of Current Registered Agent

SWEENEY, JAMES A JR
289 6TH AVE N
TIERRA VERDE FL 33715

10. Name and Address of New Registered Agent

61 Name: JAMES A. SWEENEY, JR.
62 Street Address (P.O. Box Number is Not Acceptable): 7882 SAILBOAT KEY BLVD. S. #604
63
64 City: S. PASADENA. FL 65 Zip Code: 33707

11. Pursuant to the provisions of Sections 607.0502 and 607.1504, 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: _____ JAMES A. SWEENEY, JR., PRES. 6/13/95
(Signature of new registered agent, if appointed) (NOTE: Registered Agent's signature required when changing.) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	P ☒ Change ☐ Addition
NAME	SWEENEY, JAMES A	12 NAME	JAMES A. SWEENEY, JR.
STREET ADDRESS	289 6TH AVE. N.	13 STREET ADDRESS	7882 SAILBOAT KEY BLVD.S. #604
CITY ST ZIP	TIERRA VERDE FL 33715	14 CITY ST ZIP	S. PASADENA, FL 33707
TITLE	C	21 TITLE	C ☒ Change ☐ Addition
NAME	BIELINSKI, STEVEN JR	22 NAME	STEVEN BIELINSKI
STREET ADDRESS	289 6TH AVE. N.	23 STREET ADDRESS	7231 BOULDER #200
CITY ST ZIP	TIERRA VERDE FL	24 CITY ST ZIP	HIGHLAND, CA 92346
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

CR2E034 (3/95)

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 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.

SIGNATURE: _____ 6/13/95 (813)576-0000
SIGNATURE AND TYPED OR PRINTED NAME OF PERSONAL OFFICER OR DIRECTOR (Date) (Daytime Phone #)

JAMES A. SWEENEY, JR., PRESIDENT

01021Y0 CP

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 5/5/95: $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

DOCUMENT # **P92000002601 (2)**

1. Corporation Name
C AND G INC.

Principal Place of Business	Mailing Address
2330 EDGEWATER DR WEST PALM BCH FL 33406 US	2330 EDGEWATER DR WEST PALM BCH FL 33406 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
11/02/1992	06/10/1994

2. Principal Place of Business	2a. Mailing Address
21 2330 EDGEWATER DR.	26 2330 EDGEWATER DR.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 WEST PALM BEACH	City & State 28 WEST PALM BEACH
Zip 24 33406 / Country 25 FLORIDA PB	Zip 29 33406 / Country 30 FL. PB

4. FEI Number: 65-0370720 ☐ 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	10. Name and Address of New Registered Agent
CSASZI, G. J 13 WEST COCONUT DRIVE LAKE WORTH FL 33467	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

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
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '95	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	CSASZI, JULES G	12 NAME	
STREET ADDRESS	13 W COCONUT DRIVE	13 STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH FL 33467	14 CITY-ST-ZIP	
TITLE	VD	21 TITLE	☐ Change ☐ Addition
NAME	RAITH, ANN H	22 NAME	
STREET ADDRESS	2330 EDGEWATER DRIVE	23 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33406	24 CITY-ST-ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

CR2E034 (3/95)

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 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.

SIGNATURE: Ann H. Raith ANN H. RAITH June 16-95 407-968-0818
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0002233 CP