FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT ~~1994~~ 1995

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY 11 PM 10: 18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Corporation Name
INNOVA PRODUCTS, INC.

DOCUMENT #
P93000076970 (1)

Mailing Address
269 S. AIRPORT ROAD
NAPLES FL 33940

Principal Place of Business
269 S. AIRPORT ROAD
NAPLES FL 33940

DO NOT WRITE IN THIS SPACE

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. Mailing Address	2a. Principal Place of Business
21 255 S. Airport Rd	26 255 S. Airport Rd
22 Suite, Apt #, etc.	27 Suite, Apt #, etc.
23 City & State: Naples, FL	28 City & State: Naples, FL
24 Zip: 33942 / 25 Country: Collier	29 Zip: 33942 / 30 Country: Collier

3. Date Incorporated or Qualified: 11/01/1993
3a. Date of Last Report: 1994
4. FEI Number: 65-0445698 ☐ 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
7. Nonprofit Exempt from $138.75 Supplemental Fee ☐
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent
KAUTH JAMES T
3501 DEL PRADO BLVD.
SUITE 210
CAPE CORAL FL 33904

10. Name and Address of New Registered Agent
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 or Sections 617.0502 and 617.1508, 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 or 617.0503, Florida Statutes.

SIGNATURE ______ DATE ______
Registered Agent Accepting Appointment (If NEW Registered Agent, sign as to accept and also verify)

12. OFFICERS AND DIRECTORS

11 TITLE	~~D~~
12 NAME	~~ALONZE MICHAEL~~
13 STREET ADDRESS	~~269 S. AIRPORT ROAD~~
14 CITY ST ZIP	~~NAPLES FL 33942~~
21 TITLE	D
22 NAME	KAUTH JAMES T
23 STREET ADDRESS	3501 DEL PRADO BLVD., SUITE 210
24 CITY ST ZIP	CAPE CORAL FL 33904
31 TITLE	D
32 NAME	GRECH SALVATORE C
33 STREET ADDRESS	2701 70TH STREET, S.W.
34 CITY ST ZIP	NAPLES FL 33940
41 TITLE	DIRECTOR
42 NAME	RUSSELL FALCONER
43 STREET ADDRESS	22 CLUB WAY
44 CITY ST ZIP	HARTSDALE, NY 10530
51 TITLE	DIRECTOR
52 NAME	Robert C. Adamski
53 STREET ADDRESS	2724 Del Prado Blvd.
54 CITY ST ZIP	Cape Coral, FL 33904
61 TITLE	
62 NAME	
63 STREET ADDRESS	
64 CITY ST ZIP	

13. CHANGES TO OFFICERS AND DIRECTORS IN 12

700001485257
-05/12/95--01020--004
****225.00 ****225.00

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)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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 have fulfilled all obligations concerning unclaimed property imposed by Chapter 717, Florida Statutes; 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 or Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] JAMES T. KAUTH — 5/3/95 — (813) 540-0033
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #