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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Annual with Revisions

3/4/98

PROFIT CORPORATION ANNUAL REPORT

1998

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

DOCUMENT # P93000076970

1. Corporation Name
Innova Products, Inc.

Principal Place of Business	Mailing Address
255 Airport Road S Naples, FL 34104	255 Airport Road S Naples, FL 34104

3. Date Incorporated or Qualified: 11/01/1993
3a. Date of Last Report: 1996

2. Principal Place of Business	2a. Mailing Address
21 625 FOREST EDGE DRIVE	26 625 FOREST EDGE DRIVE
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 VERNON HILLS, IL	City & State 28 VERNON HILLS, IL
Zip / Country 24 60061 / 25 USA	Zip / Country 29 60061 / 30 USA

4. FEI Number: 65-0445398 ☐ 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

Gary Burns
625 Forrest Edge Drive
Vernon Hills, IL 60061

10. Name and Address of New Registered Agent

81 Name: SALVATORE GRECH
82 Street Address (P.O. Box Number is Not Acceptable): 2701 70TH STREET S.W.
83
84 City: NAPLES FL 85 Zip Code: 34105

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: _____ 3-9-98
(Signature, typed or printed name of registered agent and title if applicable) (Registered agent signature required when filing) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Burns, Gary 625 Forrest Edge Drive Vernon Hills, IL 60061 ☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP Grech, Salvatore 255 Airport Road S Naples, FL 34104 ☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	VP GRECH, SALVATORE 2701 70TH STREET S.W. NAPLES, FL 34105 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S/T Kauth, James T 3501 DelPrado Blvd Cape Coral, FL 33904 ☒ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	RESIGNED POSITION ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☐ Addition

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$7 3/18/98

$6 2/97

14. 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 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: _____ Salvatore Grech 3/29/97 941-262-0480
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

3-9-98 863-7404