FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 11 PM 3:43

DOCUMENT # **P94000018475 (1)**

1. Corporation Name
INNOVATIVE KITS INC.

Principal Place of Business	Mailing Address
1045 SW 122ND AVENUE PEMBROKE PINES FL 33025	1045 SW 122ND AVENUE PEMBROKE PINES FL 33025

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/04/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 10839 Limeberry Dr.	26 10839 Limeberry Dr.
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Cooper City FL	28 City & State: Cooper City FL
24 Zip: 33026 25 Country: USA	29 Zip: 33026 30 Country: USA

4. FEI Number: 65-0481340 ☐ 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
EISNER, JOSEPH 1045 SW 122ND AVENUE PEMBROKE PINES FL 33025	81 Name: EISNER, Marianne 82 Street Address (P.O. Box Number is Not Acceptable): 10839 Limeberry Dr. 83 84 City: Cooper City FL 85 Zip Code: 33026

11. Pursuant to the provisions of Sections 607.0502 and 607.1509, 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: Marianne Eisner DATE: 4/7/95
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 12	
TITLE	President	1.1 TITLE	☐ Change ☐ Addition
NAME	Marianne EISNER	1.2 NAME	
STREET ADDRESS	10839 Limeberry Dr.	1.3 STREET ADDRESS	
CITY-ST-ZIP	Cooper City FL 33026	1.4 CITY-ST-ZIP	
TITLE	Secretary	2.1 TITLE	☐ Change ☐ Addition
NAME	Joseph EISNER	2.2 NAME	
STREET ADDRESS	10839 Limeberry Dr.	2.3 STREET ADDRESS	
CITY-ST-ZIP	Cooper City FL 33026	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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)(k), 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 asterisk.

SIGNATURE: Marianne Eisner (305) 432-7277 4/7/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Officer's Phone #

0119000 CP