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

APPROVED AND FILED
95 MAY -1 PM 10:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000031788 (0)**

1. Corporation Name
KUSTOM INNOVATIONS, INC.

Principal Place of Business	Mailing Address
140 HARWOOD AVE SATELLITE BEACH FL 32938	140 HARWOOD AVE SATELLITE BEACH FL 32938

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/26/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 5331 N DIXIE HWY	26 5331 N DIXIE HWY
Suite, Apt. #, etc. 22 BAY 3	Suite, Apt. #, etc. 27 BAY 3
City & State 23 BOCA RATON	City & State 28 BOCA RATON
Zip / Country 24 33487 / 25	Zip / Country 29 33487 / 30

4. FEI Number: 65-0146746 ☐ 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

AOUIDAD, MARIE
140 HARWOOD AVE
SATELLITE BEACH FL 32938

10. Name and Address of New Registered Agent

81 Name: AOUIDAD KAMEL
82 Street Address (P.O. Box Number is Not Acceptable): 5331 N DIXIE HWY 33487
83
84 City: BOCA RATON FL 85 Zip Code: 33487

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: Aouidad Kamel AOUIDAD KAMEL 4-25-95
(Signature, typed or printed name of registered agent and, if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	11 TITLE	DP	☒ Change ☐ Addition
NAME	AOUIDAD, MARIE A	12 NAME	AOUIDAD KAMEL	
STREET ADDRESS	140 HARWOOD AVE	13 STREET ADDRESS	5331 N DIXIE HWY BAY 3	
CITY-ST-ZIP	SATELLITE BEACH FL 32938	14 CITY-ST-ZIP	BOCA RATON FL 33487	
TITLE	DV	21 TITLE	DV	☒ Change ☐ Addition
NAME	AOUIDAD, KAMEL	22 NAME	AOUIDAD KAMEL	
STREET ADDRESS	140 HARWOOD AVE	23 STREET ADDRESS	5331 N DIXIE HWY BAY 3	
CITY-ST-ZIP	SATELLITE BEACH FL 32938	24 CITY-ST-ZIP	BOCA RATON FL 33487	
TITLE	DPTS	31 TITLE	DPTS	☒ Change ☐ Addition
NAME	AOUIDAD, MARIE A	32 NAME	AOUIDAD KAMEL	
STREET ADDRESS	140 HARWOOD AVE	33 STREET ADDRESS	5331 N DIXIE HWY BAY 3	
CITY-ST-ZIP	SATELLITE BEACH FL 32938	34 CITY-ST-ZIP	BOCA RATON FL 33487	
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		

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 address.

SIGNATURE: Aouidad Kamel AOUIDAD KAMEL 4-25-95 (407) 994 1522
SIGNATURE AND TYPED OR PRINTED NAME OF DIONING OFFICER OR DIRECTOR — Title — Telephone Number

04200448 FP