FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

APPROVED AND FILED

95 MAY -1 AM 11:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # P94000059577

1. Corporation Name

True Innovations, Inc.

800001490488
-05/17/95--01040--013
****200.00 ****200.00

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
~~10 E. PALMETTO PARK ROAD, SUITE 103-140 BOCA RATON FL 33432~~	10 E. PALMETTO PARK ROAD, SUITE 103-140 BOCA RATON FL 33432

3. Date Incorporated or Qualified: 9/10/94
3a. Date of Last Report:

2. Principal Place of Business
21: 20423 SR 7
22 Suite, Apt. #, etc.: #427
23 City & State: Boca Raton, FL
24 Zip: 33498
25 Country:

2a. Mailing Address
26: 20423 SR 7
27 Suite, Apt. #, etc.: #427
28 City & State: Boca Raton, FL
29 Zip: 33498
30 Country:

4. ☒ 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

ALEXANDER, PAUL
~~10 E. PALMETTO PARK ROAD~~
~~SUITE 103 & 104~~
~~BOCA RATON FL 33432~~

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 20423 S.R. 7 #427
83
84 City: Boca Raton FL 85 Zip Code: 33498

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 of an officer or director of the corporation and title if applicable. NOTE: Registered Agent's signature required when reinstating.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DVT	11 TITLE	☐ Change ☐ Addition
NAME	ALEXANDER, PAUL	12 NAME	
STREET ADDRESS	~~10 E. PALMETTO PARK ROAD #103-140~~	13 STREET ADDRESS	20423 SR7 # 427
CITY-ST-ZIP	~~BOCA RATON FL 33432~~	14 CITY-ST-ZIP	Boca Raton, FL 33498
TITLE	DPS	21 TITLE	☐ Change ☐ Addition
NAME	ALEXANDER, MARIA	22 NAME	
STREET ADDRESS	~~10 E. PALMETTO PARK ROAD #103-140~~	23 STREET ADDRESS	20423 SR7 # 427
CITY-ST-ZIP	~~BOCA RATON FL 33432~~	24 CITY-ST-ZIP	Boca Raton, FL 33498
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	

5/12

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: _____ 4/25/95
Date

Debbie Hess