FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

DIVISION OF JARONATIONS

9687

3. Date Incorporated or Qualified

| DOCUMENT # | P94000060496 | 4) |
|------------|--------------|----|
|------------|--------------|----|

INNOVATIVE ELECTRONICS, INC.

| Depoised Description | 10110 USA TODAY WAY | 10110 1101 |
|----------------------|-----------------------------|-----------------|
| | Principal Place of Business | Mailing Address |

MIRAMAR FL 33025

10110 USA TODAY WAY MIRAMAR FL 33025

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3a. Date of Last Report

| 2 Principal Place of Principal | | | | | 08/17/1994 | | | 04/21/1995 | | | |
|--|---|---|-------------------------------|-------------------|--------------------------------|---|----------------------------------|-------------|---------------------------------|--|--|
| 2. Principal Place of Business 2a. Mailing Addin | | | s | | | 4. FEI Number | | Applied For | | | |
| ļ | 20 | | | | | 65-0513723 | Not Applicable | | | | |
| 22 | 27 | | | | | 5. Certificate of Status Desired | | | Additional Required | | |
| City & State | | Oity & State | | | | 6. Election Campaign Financing \$5.00 May Be | | | | | |
| 23 28 | | | | | | Trust Fund Contribution | | | d to Fees | | |
| Zip | Country | <i>Ζ</i> ιρ | Coun | itry | | 8. This corporation has liability for in | ntangible tax u | | | | |
| [24] | 25 9. Name and Address of Current | 29 | | | | Florida Statutes 🔲 Yes 🔲 No | | | | | |
| | 9. Name and Address of Current | negistered Agent | | T | | 10. Name and Address of New R | egistered Ag | ent | | | |
| | AVERAGINI JAPA B | | [' | B1 | Name | | | | | | |
| | AYERSOHN, JOEL D | | ļ ī | 82 | Street Addre | ess (P.O. Box Number is Not Acceptabl | e) | | | | |
| A | TLAS PEARLMAN TROP & BORKSON F | PA | - | | | | | | | | |
| | O E LAS OLAS BLVD SUITE 1900 | |] { | 33 | | | | | | | |
| r i | LAUDERDALE FL 33301 | | 1 | 34 | City | | | 85 Zış |) Code | | |
| 11 Purs | ant to the provisions of Spations 607 0000 - | 51.665.4E05.65 | | L | | | | | | | |
| or re famil | uant to the provisions of Sections €07.0502 at gistered agent, or both, in the State of Florida ar with, and accept the obligations of, Section | nd 607,1508, Florida Statute Such change was authorize 1,607,0505, Florida Statutee | es, the above od by the co | e na irpo | amed corpora ration's board | ation submits this statement for the purp d of directors. I hereby accept the appo | ose of changi intraent as reg | ng its r | egistered office agent. I am | | |
| SIGNATU | RE _ • | | | | | | | | | | |
| 12. | Signature, typed or protest ratio, of algebra is a factor of CERS AND [| | | yer.t | Signature required | | DATE | | | | |
| TITLE | D | DELETE | 13. | ·· | | ADDITIONS/CHANGES TO OFFICE | CERS AND DIF | RECTO | | | |
| NAME | MURPHY, GERARD F | בן טגווונ | 1 1 7 11 | | | P | | hange | Addition | | |
| STREET ADD | | | 1.2 NAM | lt | Va | lentine Kida | ــ سط | | , | | |
| CITY-ST-ZIF | | | | | ADDRESS D | 10 USIT loady w | 1 | | | | |
| THE | PRES PRES | TT DELETE | 14 CITY | | -ZIP () (| bramarfla 35 | | | | | |
| NAME | O'PRAY, JAMES H | [] better | 2 1 TITL | | | | | hange | □ Addition | | |
| STREET ADDI | | | 2 2 NAM | | | | | | | | |
| CHTY-ST-ZIP | MIRAMAR FL | | 2.3 STRE | | | | | | | | |
| TITLE | VP | ▼ DELETE | 2 4 CHY 3 1 TITL | _ | ZIP | | | | | | |
| NAME | CRAVEN, JOHN E | Con Contra | 3.2 NAM | | | e server se | □ c | hange | ☐ Add-tion | | |
| STREET ADDR | ORDICE 40440 LICA TODAY WAY | | | 33 STREET ADDRESS | | | | | | | |
| CITY-ST ZIP | MIRAMAR FL | | | | | | | | | | |
| TITLE | 2,227 M 2018 20 Z F & | [] DELETE | 3 4 Cily 4 1 HIU | | - (11 | | F1 ^ | | | | |
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| STREET ADDA | ESS | | 4.3 STRE | | nnaree | | | | | | |
| CITY-ST-ZIP | | | | | | | | | i | | |
| TIFLE | | [7] DELETE | 4.4 C-TY - 5.1 TiTL! | | 10' | | F3.0 | | | | |
| NAME | | | 5.2 NAME | | | | ☐ CI | nange | ☐ Addition | | |
| STREET ADDR | FSS | | 5.3 STREE | | pocie: | | | | | | |
| CHY-ST-ZIP | | | | | | | | | | | |
| TITLE | | □ D€LETE | 6 1 TITLE | | ZI'' | | | | | | |
| NAME | | | 6.2 NAME | | | 5000019 0 -07/25/960107 | 4595 | ange | Add-tion | | |
| STREET ADDR | ESS | | | | annice | | 2034 | | | | |
| CITY - ST - ZIP | | | 6.3 STREE | | - | ***225.00 | | | | | |
| | ereby certify that the information supplied with | this files is ush as a file | 6 4 CITY - | SI | ZIP | | | | | | |

certify that the information supplied with this filing is voluntary 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 appears in Block 12 or Block 13 if changest or on an attack part with an address.

SIGNALINE AND HEED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR