## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT **CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000063354 (2)

THEMATIC INNOVATIONS, CORP.

**FILED** Apr 07 1998 8:00am Secretary of State

Principal Plac	ee of Business	Mailing Address		{   1881 1881   118   1811    818 1   88 1	
P.O. BOX 66956 P.O. BOX 66956					
ST. PETERSBURG BEACH FL 33736 ST. PETERSBURG BEACH F			CH FL 33736		
				DO NOT WRITE IN THE	S SPACE
				3. Date Incorporated or Qualified	
Principal F	Place of Business	2a. Mailing Address		<b>08/29/1994 4.</b> FEI Number	
21 Principal r	TACE OF DUSTIESS	26. Walling Address			Applied For
Sulte, Apt.	#. etc.	Suite, Apt. #, etc.		59-3261154	Not Applicable \$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & Stat	le	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	<b>Z</b> ip	Country	8. This corporation owes or has paid the c	urrent year Intangible
24	25	29	30	Personal Property Tax due June 30.	Yes No
	g. Name and Address of Curre	nt Registered Agent		10. Name and Address of New Registere	d Agent
	ZUK, MICHAEL		81 Name		
3988 BELLE VISTA DRIVE EAST			82 Street Add	dress (P.O. Box Number is Not Acceptable)	
ST	PETERSBURG BEACH FL 3373	6			
	•		83		
1			84 City		85 Zip Code
	40	00 1007 (500 5) 11 0		FI FI	
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.					
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating)  DATE  DATE					
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AN	ND DIRECTORS IN 12
TITLE	P	DELETE	1.1 TITLE		Change Addition
NAME	LAZUK, JANET		1.2 NAME		
STREET ADDRESS	3988 BELLE VISTA DR. #E		1.3 STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG FL		1.4 CITY - ST - ZIP		į
TITLE		☐ DELETE	2.1 TITLE		Change Addition
NAME			2.2 NAME		+
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2. 4 CITY - ST - ZIP		
TITLE		☐ DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	3.4. CITY-ST-ZIP		Change Addition
NAME		רֹיז מניננונ	4.1 TILLE 4.2 NAME		The Change The Woodlow
STREET ADDRESS			4.2 NAME 4.3 STREET ADDRESS		
CITY-ST-ZIP					
TITLE		☐ DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		Change Addition
NAME			5.2 NAME		المارون المارو
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME	•	- —
STREET ADDRESS			6.3 STREFT ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

14. I 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.

JAMPH 1AZILK

2/21/00