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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9400067947 (9)

Principal Place of Business	Mailing Address
34 SPANISH RIVER DR.	34 SPANISH RIVER OR.
OCEAN RIDGE FL 33435	OCEAN RIDGE FL 33435-3322

FILED May 02 1997 8:00am Secretary of State

1. Corporation Name CONSUMER INNOVATIONS, INC. Principa: Place of Business Mailing Address 34 SPANISH RIVER DR. OCEAN RIDGE FL 33435 OCEAN RIDGE FL 33435-3322									
						3. Pate Incorporated or Qualified 09/12/1994		e of Last F 6/1996	Report
	Place of Business	24	1			4. FEI Number 65-0527155			oplied For
21 Suite, Apt	. #, etc.	26	Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75	ot Applicable Additional
City & Sta	to	27	City & State						equired
23	iie;	28	7 .			6. Election Campaign Financing Trust Fund Contribution			May Be to Fees
Ζ(p	Country 25		Zip	Cour	ntry	8. This corporation has liability for	intangible to		
	g. Name and Addres					10. Name and Address of New Re			
34	DEN, LASSE SPANISH RIVER DR. EAN RIDGE FL 33435			ļ	81 Name 82 Street Add 83 City	dress (P.O. Box Number is Not Acceptat	ole)	85 Zip	Code
11, Pursuant	to the provisions of Secti	ions 607.0502 and	607 1508 Florida Sta			consider authority this statement for the	FL	hanging i	ts registered
office or agent. I a SIGNATURE	registered agent, or both, am familiar with, and acce Signature, typed or printed name					poration submits this statement for the pation's board of directors. I hereby acceptions the patient of the patient with the patient of the p	pt the appoi	intment as	registered
	Signature, typed or printed name		tle if applicable (N				OATE	DIRECTO	RS IN 12
SIGNATURE 12. TITLE	Signature, typed or printed name Of	ol registered agent and lit	tle if applicable (f	NOTE: Registered	Agent signature requ	ulred when reinstaling)	OATE		
SIGNATURE 12. TITLE NAME	Signature, typical or printed name OF D MOEN, LASSE	ol registered agent and lit	tle if applicable (N	13. 1.1 TIT	Agent eignature requ	ulred when reinstaling)	OATE	DIRECTO	RS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typied or printed name Of D MOEN, LASSE 338 EASTWOOD TI	of registered agent and let FFICERS AND DIRE ERRACE	tle if applicable (N	13. 1.1 TIT 1.2 NA 1.3 ST	Agent eignature requ LE ME REET ADDRESS	ulred when reinstaling)	OATE	DIRECTO	RS IN 12
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I do 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 of 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 charged, it is a supplemental and the supplemental and t

SIGNATURE: