FILED

Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90174 023 ***150.00



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000038659

1. Corporation Name

INNOVATIVE TECHNOLOGIES GROUP INC.

Principal Place of Business Mailing Address						1 (40)(44) (10 10)0) Blitt aditi aditi aditi aditi aditi aditi aditi	
7411 ALAFIA DI	RIVE	7411 ALAFIA DRIVE	7411 ALAFIA DRIVE			·	
RIVERVIEW FL 33569		RIVERVIEW FL 33569				DO NOT WRITE IN THIS SPACE	
						3. Date Incorporated or Qualifed	
		,				05/15/1995	
2. Principal Place of Business 2a. Mailing Address						4. FEI Number Applied For	
21		26	26			59-3320182 Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional Fee Required	
City & State	·		- City & State			6. Election Campaign Financing - \$5.00 May Be	
23		28	28		_	Trust Fund Contribution Added to Fees	
Zip Country 24 25		Zip Cou. 29 30		Country		8. This corporation owes the current year Intangible Personal Property Tax.	
							•
540	AFY IOLIN D. III			81	Name		
DARSEY, JOHN D III				82	Street Add	ress (P.O. Box Number is Not Acceptable)	
7411 ALAFIA DRIVE							
RIVERVIEW FL 33569				83			
	•		•	84	City	FL 85 Zip Code	
office or n agent. I a	to the provisions of Sections 607.0 egistered agent, or both, in the Stam familiar with, and accept the obline of the section	ate of Florida. Such change was a ligations of, Section 607,0505, Flo	แแบกการค	ו עם הי	ne corporati	poration submits this statement for the purpose of changing its registered ion's board of directors. I hereby accept the appointment as registered	
SIGNATURE	Signature, typed or printed name of registered	agent and title if applicable. (NOTE	: Registere	d Agent	signature require	ed when reinstating) DATE	
12. OFFICERS AND DIRECTORS 3						ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	_ v	☐ DELETE	1.1 T	1.1 TITLE		☐ Change ☐ Additi	
NAME	DARSEY, JOHN D III		1.2 N	1.2 NAME			
STREET ADDRESS	• · · · · · · · · · · · · · · · · · · ·		1.3 S	1.3 STREET ADORESS			
CITY-ST-ZIP	RIVERVIEW FL 33569		_	ITY-ST	-ZIP	☐ Change ☐ Additi	
TITLE	Р	☐ DELETE	2.1 7	ITLE		☐ Change ☐ Additi	
NAME	DARSEY, TINA P		2.21	NAME		•	
STREET ADDRESS			2.3 9	TREET	ADDRESS		
CITY-ST-ZIP	RIVERVIEW FL 33569			CITY-\$	T-ZIP	. ☐ Change ☐ Additi	
TITLE	المنظم المستعلق المستعلق المستعلق	□ DELETE	3.1.1	TITLE		Cnange _ ☐ Additi	
NAME			3.21	MME		•	
STREET ADDRESS	ĺ		3.3 9	STREET	ADDRESS		
C/TY+ST-ZIP			3.4.	CITY-S1	r-ZIP		

CITY-ST-ZIP 14. I hereby cartify 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, with all other like empowered.

4.1 TITLE

4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

C!TY-ST-ZIP

CITY-ST-ZIP

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