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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

FILED

Feb 10 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

SIGNATURE:

DOCUMENT # P95000044168 (9)

INNOVATIVE TECH, INC.

2. Principal Place of Business	## Applied For Not Applicable \$8.75 Additional Fee Required \$5.00 May Be Added to Fees ax under s. 199.032, No gent ## Zip Code
ST. MARKS FL 32355-0272 3. Date Incorporated or Qualified OS/08/1995 2. Principal Flace of Business 2. Mailing Address 2. Mailing Address 2. Mailing Address 3. Date Incorporated or Qualified OS/06/08/1995 3. Date Incorporated or Qualified OS/06/08/1995 4. FEI Number 59 63-19175 5. Certificate of Status Desired City & State 2. City & State 3. Date Incorporated or Qualified OS/05/05/05/05/05/05/05/05/05/05/05/05/05/	Applied For Not Applicable \$8.75 Additional Fee Required \$5.00 May Be Added to Fees ax under s. 199.032, No gent 85 Zip Code
2. Principal Flace of Business 2. Mailing Address 2. Mailing Address 2. Suite Apt # etc 2. Suite Apt # etc 2. Suite Apt # etc 2. City & State 3. Country 3. Country 4. Fire Country 4. Page 1. Country 5. Name and Address of Current Registered Agent 4. Fire Clewis, ROBIN S 5. River PLANTATION ROAD CRAWFORDVILLE FL 32327 4. City State 5. Certificate of Status Desired 6. Election Campaign Financing Trust Fund Contribution 7. Trust Fund Contribution 7. River Country 8. This corporation has liability for intangible to Florida Statuties 9. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent 9. Name and Address of New Registered Agent 9. Name and Address of New Registered Agent 9. Street Address (P.O. Box Number is Not Acceptable) 10. Name and Address of New Registered Agent 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 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 apport agent 1 am fare fair with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes. SIGNATURE 12. OFFICERS AND DIRECTORS 13. NAME 13. TILL 13. ADDITIONS/CHANGES TO OFFICERS AND 14. City ST-2IP DELETE 11. Pursuant to the provisions of Sections 607.0505, Florida Statutes. 13. STREET ADDRESS 15. Certificate of Status Desired 15. ADDITIONS/CHANGES TO OFFICERS AND 15. STREET ADDRESS 15. Certificate of Status Desired 15. ADDITIONS/CHANGES TO OFFICERS AND 15. STREET ADDRESS 15. Certificate of Status Desired 16. Certificate of Status Desired 17. Pursuant to the provisions of Status Desired 18. Name and Address of New Registered Agent Desired 19. Name and Address of New Registered Agent Desired 19. Name and Address of New Registered Ag	Applied For Not Applicable \$8.75 Additional Fee Required \$5.00 May Be Added to Fees ax under s. 199.032, No gent 85 Zip Code
28. Mailing Address 4. FEI Number 59 & 333.355 Suite Apt # etc 5. Certificate of Status Desired 6. Certific	Applied For Not Applicable \$8.75 Additional Fee Required \$5.00 May Be Added to Fees ax under s. 199.032, No gent 85 Zip Code
Suite, Apt. # etc Suite, Apt. #, etc.	\$8.75 Additional Fee Required \$5.00 May Be Added to Fees ax under s. 199.032, No gent 85 Zip Code
City & State City & Statutes City & State City & State City FL City	Fee Required \$5.00 May Be Added to Fees ax under s. 199.032, No gent 85 Zip Code
Zip Country Zip Country Zip Country B. This corporation has liability for intangible to Florida Statutes Yes	Added to Fees ax under s. 199.032, No gent 85 Zip Code
Zip Country Zip Country Zip Country Signature required when reinstating) 24	85 Zip Code
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 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 of 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 appoagent I am fam har with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature appoint a particular with a provision specific agent and fact if applicable (NOTE: Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. PURSUANT application application application and fact if applicable (NOTE: Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 13. STREET ADDRESS STREET ADDRESS CRAWFORDVILLE FL 32327 14. CITY-ST-ZIP CRAWFORDVILLE FL 32327 14. CITY-ST-ZIP	85 Zip Code
FITCH-CLEWIS, ROBIN S 556 RIVER PLANTATION ROAD CRAWFORDVILLE FL 32327 83 City FL 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 coffice 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 of the purpose of companies the provision of the purpose of confice or registered agent and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature typical or passed name of registered agent and facilit applicable 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND TITLE NAME FITCH-CLEWIS, ROBIN S STREET ADDRESS CRAWFORDVILLE FL 32327 14 CITY-ST-ZIP	85 Zip Code
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12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND TITLE NAME FITCH-CLEWIS, ROBIN S STREET ADDRESS CITY-ST-ZIP SEPARATION ROAD CRAWFORDVILLE FL 32327 INTERIOR OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND 14. IT IT LE 1.1 TITLE 1.2 NAME 1.2 NAME 1.3 STREET ADDRESS CHY-ST-ZIP 1.4 CITY-ST-ZIP	intment as registered
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NAME	
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THE L DELETE 6.1 THE NAME 62 NAME	Change Addition
	Change Addition
STREET ADDRESS CITY- ST-7IP 6.3 STREET ADDRESS 6.4 CITY- ST-2IP	Change Addition
14. I do nereby certify that the information supplied with this tying does no qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further information indicated on this panet report of supplemental annual eport is true and accurate and that my signature shall have the same legal effect as I am an officer or director of the cooperation or the recenter or trustice empowered to execute this report as required by Chapter 607, Florida Statutes; an appears in Block 12 or Block 13 if changed, or on an attachment with an address.	Change Addition