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Apr 22 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000046765 (0)**

1. Corporation Name
INOVIDEA, INC.

Principal Place of Business	Mailing Address
6239 14TH ST. W BRADENTON FL 34207-4611	6239 14TH ST. W BRADENTON FL 34207-4611

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 3917 40th St. W	2a. Mailing Address 26 3917 40th St. W.	3. Date Incorporated or Qualified 06/01/1995	
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0595086	☐ Applied For ☐ Not Applicable
City & State 23 BRADENTON, FL	City & State 28 BRADENTON, FL	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
Zip / Country 24 34205-2319 25 USA	Zip / Country 29 34205-2319 30 USA	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MILLER, THELMA J 6239 14TH ST. W. BRADENTON FL 34207-4611	81 Name AMON, SALLY L. 82 Street Address (P.O. Box Number is Not Acceptable) 3917 40th St. W. 83 84 City BRADENTON FL 85 Zip Code 34205-2319

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.

SIGNATURE Sally L. Amon SALLY L. AMON S/T FEB. 11, 1998
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PVD	☐ DELETE	1.1 TITLE	PVD	☒ Change ☐ Addition
NAME	MILLER, THELMA J		1.2 NAME	MILLER, THELMA J.	
STREET ADDRESS	6239 14TH ST W		1.3 STREET ADDRESS	6111 RIVERVIEW BLVD.	
CITY-ST-ZIP	BRADENTON FL 34207-4611		1.4 CITY-ST-ZIP	BRADENTON, FL 34209-1344	
TITLE	ST	☐ DELETE	2.1 TITLE	ST	☒ Change ☐ Addition
NAME	AMON, SALLY L		2.2 NAME	AMON, SALLY L.	
STREET ADDRESS	6239 14TH ST. W		2.3 STREET ADDRESS	3917 40th ST. W.	
CITY-ST-ZIP	BRADENTON FL 34207-4611		2.4 CITY-ST-ZIP	BRADENTON, FL 34205-2319	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
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 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (10/97)

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.

SIGNATURE: Sally L. Amon SALLY L. AMON 941-751-9924