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Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90207 009 ***150.00



PROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P96000017882

1. Corporation Name
PRODUCT INNOVATIONS INTERNATIONAL, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
 739 N. PINELLAS AVE.
 TARPON SPRINGS FL 34689

Mailing Address
 739 N. PINELLAS AVE.
 TARPON SPRINGS FL 34689

3. Date Incorporated or Qualified
02/26/1996

4. FEI Number
59-3365250

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business
 21 **100 E. TARPON AVE**
 Suite, Apt. #, etc. **SUITE # 2**

2a. Mailing Address
 26 **100 E. TARPON AVE**
 Suite, Apt. #, etc. **SUITE # 2**

23 **TARPON SPRINGS FL**

24 **34689** 25 **US**

9. Name and Address of Current Registered Agent
JOHNSON, DAVID P.
739 N. PINELLAS AVE.
TARPON SPRINGS FL 34689

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City **FL** 85 Zip Code

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 _____ DATE _____

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUNDBERG, VINCENT JAMES	1.2 NAME	LUNDBERG VINCENT JAMES
STREET ADDRESS	739 N. PINELLAS AVE.	1.3 STREET ADDRESS	3137 HUNTINGTON RD.
CITY-ST-ZIP	TARPON SPRINGS FL 34689	1.4 CITY-ST-ZIP	HOLIDAY 34691
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRIFFIN, PETER	2.2 NAME	GRIFFIN PETER
STREET ADDRESS	300 S FLORIDA AVE APT 400	2.3 STREET ADDRESS	1013 LAKE AVUCA CT.
CITY-ST-ZIP	TARPON SPRINGS FL	2.4 CITY-ST-ZIP	TARPON SPRINGS FL 34689
TITLE	VP <input type="checkbox"/> DELETE	3.1 TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUGHES, BARBARA	3.2 NAME	HUGHES BARBARA
STREET ADDRESS	739 N PINELLAS AVE	3.3 STREET ADDRESS	530 GRAND BLVD
CITY-ST-ZIP	TARPON SPRINGS FL	3.4 CITY-ST-ZIP	TARPON SPRINGS FL 34689
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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, with all other like empowered.

SIGNATURE: **PETER GRIFFIN** 04/21/99 727-937-1912

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)