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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000084972 (4)

INNOVATIVE POWDER TECHNOLOGIES, INC...

Principal Place of Business Mailing Address 114 S.E. FIRST STREET 114 S.E. FIRST STREET SUITE 6 SUITE 6 GAINESVILLE FL 32601 GAINESVILLE FL 32601 2. Principal Place of Business 2a. Mailing Address 26

FILED Jan 26 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/11/1996 Applied For <u>59-3429983</u> Not Applicable \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing GAINESVILLE Trust Fund Contribution 28 Added to Fees Źip Country 8. This corporation owes or has paid the current year Intangible *3*a 608 25 USA 29 9. Name and Address of Current Registered Agent 30 Personal Property Tax due June 30. 10. Name and Address of New Registered Agent 81 REID, DON 114 SE FIRST STREET Street Address (P.O. Box Number is Not Acceptable) SUITE 6 83 GAINESVILLE FL 32601 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. P-S-T CHODELKA, ROBERT DELETE 1.1 TITLE Change TITLE NAME 114 O.E. PIROT OTREET, STE. 6 2329 5025 PLACE 1.2 NAME 72E034 STREET ADDRESS 1.3 STREET ADDRESS 5-€ GAINESVILLE FL 32608 CITY - ST - ZIP 1 4 CITY - ST - ZIP DELETE Change Addition TITLE 2.1 TITLE ADAIR BERNADETTE NAME 22 NAME 114 S.E. FIRST STREET, STE. 6 STREET ADDRESS 2.3 STREET ADDRESS GAINESVILLE FL 32601 CITY-ST-ZIP 2. 4 CITY - ST-ZIP DÈLETE 3.1 TITLE Change Addition TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4, 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition 6.2 NAME STREET ADDRESS **6 3 STREET ADDRESS**

6.4 CITY-ST-ZIP 14. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(f), 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, cyoff an attachment with an address.

SIGNATURE: