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

**PROFIT CORPORATION** ANNUAL REPORT

1999 DOOLINAENT #



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## May 10, 1999 8:00 am Secretary of State

05-10-1999 90057 017 \*\*\*150.00

<ol> <li>Corporation</li> </ol>	VIENT # P9600 CUCTIVE INNOVATIONS O		<u></u>	
Principal Place	e of Business	Mailing Address		4 18841884 119 18118 Billi Danit Estit Beild Beile falle still state 11610 Bill 16
3542 DERBY LANE WESTON FL 33331 US  3542 DERBY LANE WESTON FL 33331 US				DO NOT WRITE IN THIS SPACE  3. Date incorporated or Qualifed
- 51		2a. Mailing Address		11/27/1996 4. FEI Number Applied For
2. Principal Pi	lace of Business	2a. Mailing Address		65-0710761 Not Applicat
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		\$8.75 Additional
22		27		5. Certificate of Status Desired Fee Required
City & State	e	City & State		6. Election Campaign Financing Trust Fund Contribution S5.00 May Be Added to Fees
Zip	Country	Zip	Country	8, This corporation owes the current year Intangible
24	25	29 3	<u>ol</u>	Personal Property Tax. Yes No.  10. Name and Address of New Registered Agent
	9. Name and Address of Cur	rent Kegistered Agent	81 Name	IV. Maille allu Addiess of them registered Agent
JENSEN, ROBERT C 5979 NW 151 STREET, STE. 208 MIAMI LAKES FL 33014			82 Street Ad	dress (P.O. Box Number is Not Acceptable)
			84 City	FL 85 Zip Code
agent. I a SIGNATURE	rn familie with an accept the oblessed accept	Ham	la Statutes. egistered Agent signature requ	
12.		AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DP	☐ DELETE	1.1 TITLE	☐ Change ☐ Add
NAME	MAZZARELLA, JOHN		1.2 NAME	
STREET ADDRESS	3542 DERBY LANE WESTON FL 33331		1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	
CITY-ST-ZIP	V	☐ DELETE	2.1 TITLE	☐ Change ☐ Add
NAME	MAZZARELLA, JANE		2.2 NAME	
STREET ADDRESS	3542 DERBY LANE		2 3 STREET ADDRESS	
CITY-ST-ZIP	WESTON FL 33331		2.4 CITY-ST-ZIP	
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Add
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP		☐ DELETE	3.4. CITY-ST-ZIP	☐ Change ☐ Addi
TITLE			4.2 NAME	<u> </u>
NAME STREET ADDRESS	·		4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Add
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY OT 710			5,4 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.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

G OFFICER OR DIRECTOR

DELETE

☐ Change

☐ Addition

CR2E034 (11/98)