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PROFIT CORPORATION ANNUAL REPORT

1998

STREET ADDRESS

Block 12 or Block 13 if changed, or on an attachment with an address.

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

FILED

May 01 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P97000011298 (1) DOCUMENT #

THE INKNOWVATIVE GROUP CORPORATION

Principal Place of Business Mailing Address **500 110TH AVENUE NORTH** 500 110TH AVENUE NORTH ST. PETERSBURG FL 33716 DO NOT WRITE IN THIS SPACE ST. PETERSBURG FL 33716 Date Incorporated or Qualified 02/14/1997 2, Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired П 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Žip Country Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. ☐ No Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 PIQUET, KEVIN PIQUET 10200 GANDY BLVD. NORTH #511 82 Street Address (P.O. Box Number is Not Acceptable)

500 110TH AVENUE NOR AUENUE NORTH ST. PETERSBURG FL 33702 # 814 83 City 84 Zip Code 33716 Peters Burg 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. Hereby accept the appointment as registered agent. Lam 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 (NOT): Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE DELETE PRESIDENT Change 1.1 TITLE Keulh Planet NAME 1.2 NAME 500 HOTH AVENUE NORTH # 814 STREET ADORESS 1.3 STREET ADDRESS CITY-ST-ZIP 14 City-St-ZiP ST. PETERS BURG FL DELETE TITLE 21 TITLE Change ☐ Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE TITLE 3.1 TITLE Change ___ Addition 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE TITLE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE TITLE 5.1 TITLE Change ■ Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - \$1 - ZIP TITLE DELETE Change 6.1 TITLE Addition NAME 6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP 14. I hereby certify that the information supplied with this filling 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