Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90266 032 ***150.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEFARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000011298

1. Corporation Name

THE INK	NOWVATIVE GROUP CORPO	PRATION			
					8817 8827 1 719 71884 1810 1714 1817 1817 1817
Principal Place		Mailing Address			
500 110TH AVENUE NORTH 500 110TH AVENUE NORTH #814 #814					
#814 #814 St. Petersburg Fl 33716 St. Petersburg Fl 33716				DO NOT W	RITE IN THIS SPACE
• • • • • • • • • • • • • • • • • • • •				3. Date incorporated or Qualife	ed
				02/14/1997	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
27 942) ULMERION RD	26		59-3425013	Not Applicable
Suite, /vpt.		Suite, Apt. #, etc.			\$8.75 Additional
221ギリス	4	27		5. Certificate of Status Desired	Fee Required
City & Stat		City & State		6. Election Campaign Financin	9 \$5.00 May Be
23 人八	360	28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the c	
24 - L	_ <u>[25]</u> 33771	29	30	Personal Property Tax.	Yes □No
	9. Name and Address of Current	Registered Agent		10. Name and Address of Nev	v Registered Agent
BIOL	ET VENNI		81 Name	YOULL PROUFT	
	ET, KEVIN		82 Street A	Idress (P.O. Bo Number is Not Acce	ptable)
	110TH AVENUE NORTH #814		84	20 ULMER TON I	30 # 424
51 P	ETERSBURG FL 33716		83		
			84 City		85 Zip Code
			84 City	ARGO	FL 85 Zip Code 771
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statute	s, the above-named c	orporation submits this statement for t	he purpose of changing its registered
11. Pursuant office or re	to the provisions of S∋ctions 607.0502 egistered agent, or b∈th, in the State of m familiar with, and accept the obligation	and 607.1508, Florida Statute Florida. Such change was au ons of. Section 607.0505, Flori	s, the above-named c thorized by the corpor da Statutes.	orporation submits this statement for t ation's board of directors. I hereby ac	he purpose of changing its registered cept the appointment as registered
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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.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

☐ Change

☐ Addition