SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

1999 P97000031262

INGENUITY PRODUCTS, INC.

FILED Sep 16, 1999 8:00 am Secretary of State

09-16-1999 90012 022 ***550.00

			•			
Principal Place	e of Business	Mailing Address	••		* 1001/100 (110 1911)	
853 VANDERBILT BEACH RD. SUITE 853 VANDERBILT BEACH RI			H RD. SUBS	3		
NAPLES FL 34108 NAPLES FL 34108					DO NOT WRITE	IN THIS SDACE
					3. Date incorporated or Qualified	IN THIS SPACE
					04/07/1997	
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Applied For
27 PMB 5 26		— \ \ ~	= \ \. \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		59-3452307	Not Applicable
Suite, Apt.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional
22		27			5. Certificate of Status Desired	Fee Required
City & State	е	City & State			6. Election Campaign Financing	\$5.00 May Be
23		28			Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Coun	try	8. This corporation owes the current	year Yes No
24	9. Name and Address of Curre	nt Registered Agent	30		Intangible Personal Property. 10. Name and Address of New Regi	
	9. Name and Address of Curre	itt Kedisteren Agent	1	81 Name	10. Hame and Address of New Hogs	Storiou Agoni
QUI	inn, deborah a		Ĺ			
853 VANDERBILT BEACH RD, SUITE 5			1	32 Street Addre	ess (P.O. Box Number is Not Acceptable)
NAF	PLES FL 34108		la la	33		
			{	34 City		FL 85 Zip Code
11. Pursuant	to the provisions of sections 607.050	02 and 607.1508, Florida Statu	tes, the abo	ve-named corpor	ration submits this statement for the purpo	se of changing its registered
l office or r	registered agent, or both, in the State am familiar with, and accept the oblig	e of Florida. Such change was	authonzed	by the corporation	on's board of directors. I hereby accept the	e appointment as registered
-	an familiai willi, and accept the obig	gallons of, section our bodo, i	KANDO OLUIU		i	
SIGNATURE	Signature, typed or printed name of registered age	ant and title if analicable //	NOTE: Degisters	d Agent signature requ	In duties what is all	DATE
		on and the in apprications.	ACTE. Registere	a regain segmentary rade	Jired Wilen reinstaung)	DATE
12.	OFFICERS A	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE	
12. TITLE	PVD OFFICERS A					
	OFFICERS AI PVD QUINN, DEBORAH A	ND DIRECTORS DELETE	13.	E		ERS AND DIRECTORS IN 12
TITLE	OFFICERS AI PVD QUINN, DEBORAH A 853 VANDERBILT BEACH RD	ND DIRECTORS DELETE	13. 1.1 TITL 1.2 NAM	E		ERS AND DIRECTORS IN 12
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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 Block 12 or Block 13 if changed; or an attachment with an address.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

9/13/99 941-592-710