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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000069442 (6)

INNATE, INC.

## FILED May 13 1998 8:00am Secretary of State

Principal Place of Business	Mailing Address	·n ·			-	isan until Mania nu		
11905 C.N. TAMIAMI TR.	11905 C.N. TAMIAMI	11905 C.N. TAMIAMI TR.						
NAPLES FL 34110	NAPLES FL 34110				DO NOT WRITE IN THE	200405		
					DO NOT WRITE IN THIS  3. Date Incorporated or Qualified	SPACE		1
					3. Date incorporated of Qualified 08/11/1997			l
2. Principal Place of Business	2a, Mailing Address				4. FEI Number	Αι	pplied For	ł
21	26				59-3475568	1 - t - ·	ot Applicable	1
Suite, Apt. #, etc.	Suite, Apt. #, etc				_		Additional	1
22	27	27			5. Certificate of Status Desired		equired	l
City & State	City & State				6. Election Campaign Financing	\$5.00	May Be	
23	28				Trust Fund Contribution	Added	to Fees	
Zip Coun	}- <u>-</u> 1	Coun	iry		8. This corporation owes or has paid the c			l
24 25	[29]	30			Personal Property Tax due June 30.  10. Name and Address of New Registered		_i No	ļ
····	Iress of Current Registered Agent		31 1	Name	10, Name and Address of New Hegistered	J Agent		┨
LOMAN, GREG	TD			- TOTAL				
11905 C.N. TAMIAMI TR. NAPLES FL 34110			32 3	Street Addre	Address (P.O. Box Number is Not Acceptable)			
NAPLES PL 34110		ļ <sub>ī</sub>	33		,			1
								ļ
		8	34 (	City	F	85 Zip	Code	
11. Pursuant to the provisions of Se	ections 607,0502 and 607,1508, Florida S	tatutes, the abo	L_	named corpo	oration submits this statement for the purpose	of changing i	ts registered	
office or registered agent, or bo	oth, in the State of Florida, Such change v	was authorized	by th	ne corporati	oration submits this statement for the purpose on's board of directors. I hereby accept the ap	pointment as	registered	l
į.	coopering dangarans or, account our our	o, i lorioa otata	ica.				ļ	ŀ
SIGNATURE Signature typed or printed no	amo of registered agent and title if applicable	(NO1E: Registered /	Agent :	signature require	od when reinstating) DATE			ءا
12.	OFFICERS AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTOR		ļ
TITLE D	U DELETE	1.1 T/TL	F			Change	☐ Addition	1
NAME LOMAN, GREG		1.2 NAM	Œ					5
STREET ADDRESS 11905 C.N. TAM		1.3 STRI	CA 133	JDRESS				Ų
CITY-ST-ZIP NAPLES FL 341		1.4 CITY		ZIP				įδ
TITLE Presidett	□ DELETE	1				Change	Addition	١
NAME LOUIS CAVALLO			2.2 NAME					
STREET ADDRESS 217 SERVIC		2.3 S1R						
TITLE VICE Preside	L GA 30045 ☐ DELETE	2. 4 CITU 3.1 TITU		2119		Change	Addition	
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		3.1 IIIU 3.2 NAM		-		المانين بـــ	ET MORRORI	1
NAME Greg Loman STREET ADDRESS 11908 a.N. Tamiani Trail			3.2 NAME 3.3 STREET ADDRESS					
1 1 2 2 3		3.4. CIT						
	DELETE			20		Change	Addition	
(LOMOVIOL	<del></del>	4. 2 NAM						1
NAME Greg Loman STREET ADDRESS 11985 C.N. Tamoni Trail			4.3 STREET ADDRESS					
CITY-ST-ZIP Names &L	24110	4.4 CITY		1				
TITLE Same	ST-ZIP Naples 134110 DELETE		5.1 TITLE			Change	Addition	1
L stateta	E AHieli	5.2 NAM	IE.			-	ļ	
STREET ADDRESS 417 SOM 17	2 Hear 124	5.3 STRI		DDRESS			1	١
CITY-ST-ZIP LANGTEN CONTINE	, GA 30045	5.4 C(TY					]	
TITLE	DELETE					Change	Addition	
NAME		6.2 NAM	1E					
STREET ADDRESS		6.3 STRE	ET AD	DRESS				
CITY-ST-ZIP		6.4 CITY	· S1 - Z	ZIP				

4. 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.

OLOMATURE.

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e CALLER

: 4/2/00

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