

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

FILED
Feb 20 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # **P97000083240 (6)**

1. Corporation Name

J.D.S. INNOVATIVE INDUSTRIES, INC.

Principal Place of Business

Mailing Address

**4800 95TH ST., N.
ST. PETERSBURG FL 33708**

**4800 95TH ST., N.
ST. PETERSBURG FL 33708**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/25/1997

4. FEI Number

59-3469635

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 **4411 N.W. 105 Terr.**

Suite, Apt. #, etc.

22 City & State

23 **Coral Springs, FL**

Zip

24 **33065**

Country

25 **USA**

2a. Mailing Address

26 **4411 N.W. 105 Terr.**

Suite, Apt. #, etc.

27 City & State

28 **Coral Springs, FL**

Zip

29 **33065**

Country

30 **USA**

9. Name and Address of Current Registered Agent

**SOWERS, SANDRA
4411 NW 105TH TERR.
CORAL SPRINGS FL 33065**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Sandra Sowers

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

2-16-98

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **DPS
SOWERS, SANDRA**
STREET ADDRESS **4411 NW 105TH TER.**
CITY-ST-ZIP **CORAL SPRINGS FL 33065**

TITLE ☐ DELETE

NAME **D
SOWERS, DAVID**
STREET ADDRESS **4411 NW 105TH TER.**
CITY-ST-ZIP **CORAL SPRINGS FL 33065**

TITLE ☐ DELETE

NAME **DT
WHITE, JOHN P**
STREET ADDRESS **540 BRICKELL KEY DR., APT. 709**
CITY-ST-ZIP **MIAMI FL 33131**

TITLE ☐ DELETE

NAME **D
ZHU, GUO-HUI**
STREET ADDRESS **200 S. BISCAYNE BLVD., STE. 3450**
CITY-ST-ZIP **MIAMI FL 33131**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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.

SIGNATURE:

Sandra Sowers

2-16-98

**954
352-8800**

CR2E034 (10/97)