Apr 08, 1999 8:00 am Secretary of State

04-08-1999 90111 020 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT:

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P98000031645

1. Corporation Name

INNUVAI	TIVE TECHNOLOGIES UI	MUIIVII I ED	, INC.							
Principal Place	e of Business	Ma	iling Address	_			i (Bultant tiå iåint (Bitt noti)	48111 \$3111 BE100	1 11191 11818 81111 1	01621 E411 1E61
1605 FLAGLER BLVD. 1605 FLAGLER BLVD.										
LAKE PARK FL 33403 LAKE PARK FL 33403						ŀ	DO NOT W	RITE IN THIS	SPACE	
						3	Date Incorporated or Qualife		- OI MOL	
						J	04/06/1998			
2. Principal Pl	lace of Business	2a.	Mailing Address			4.	FEI Number		Ap	plied For
21		26	Ū				65-08352	266	No	t Applicable
Suite, Apt.	#, etc.	==	Suite, Apt. #, etc.				Certifcate of Status Desired		\$8.75 A	1
22		27				3.	- Certal Cate Of Status Desired		Fee Re	quired
City & State	re		City & State	e	• •	6.	Election Campaign Financin	g Î	\$5.00	, ,
23		28				-+-	Trust Fund Contribution		Added t	io Fees
Zip	Country	<u> </u>	Zip	Cou	ıtry	8.	This corporation owes the corporation of Personal Property Tax.	urrent year in	tangible □Yes	XNo
24	25 9. Name and Address of Cu	29	tored Agent	30		10	Name and Address of Nev	v Registered		/ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
	9. Name and Address of Co	ment regio	tered Agent		81 Name				,	
COU	irtney, Kassandra			į	00 00	Ja (F	O Day Number is Not Asso	ntable)		
1605	5 FLAGLER BLVD.				82 Street Add	aress (F	P.O. Box Number is Not Acce	plable)		1
LAKE	E PARK FL 33403				83					
					04 0:5:				85 Zip (Code
					84 City			FL	_	•
L office or r	to the provisions of Sections 607 registered agent, or both, in the Sim familiar with, and accept the ob	tate of Florid bligations of,	ia.Such change was a	autnorized	by the corporal	rporation ation's bo	n submits this statement for to pard of directors. I hereby acc	cept the appo	intment as re	gistered
			/							{
	Signature, typed or printed name of registered	d agent and title i			Agent signature requi			DATE	ID DIDECTO	
12.	OFFICERS		CTORS	13.			einstating) ADDITIONS/CHANGES TO C			
TITLE	OFFICERS DP	d agent and title i		13.	.E				ND DIRECTO	PRS IN 12
TITLE NAME	DP COURTNEY, KASSANDRA	d agent and title i	CTORS	13. 1.1 TII 1.2 NA	.E ME					
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP COURTNEY, KASSANDRA 1605 FLAGLER BLVD. LAKE PARK FL 33403	d agent and title i	CTORS DELETE	13. 1.1 TII 1.2 NA 1.3 ST 1.4 CF	LE ME REET ADDRESS Y-ST-ZIP					
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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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: 4

STREET ADDRESS