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Secretary of State
05-04-1999 90070 024 ***150.00

PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000071918

1. Corporation Name

INNOVATION TRAINING SYSTEMS, INC.

Principal Place of Business	Mailing Address
~~1802 Biscayne Drive~~ ~~Orlando, FL 32804~~	~~1802 Biscayne Drive~~ ~~Orlando, FL 32804~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: August 18, 1998

2. Principal Place of Business (21): 4151 NW 43rd Street	2a. Mailing Address (26): 4151 NW 43rd Street
Suite, Apt. #, etc. (22): Apt. # 570	Suite, Apt. #, etc. (27): Apt. #570
City & State (23): Gainesville, FL	City & State (28): Gainesville, FL
Zip (24): 32606 / Country (25): USA	Zip (29): 32606 / Country (30): USA

4. FEI Number: 59-3562853 ☐ 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

9. Name and Address of Current Registered Agent

CHRISTINA R. CASALS, ESQ.
DOUMAR, ALLSWORTH, CURTIS, ET AL
1177 SE 3rd Avenue
Fort Lauderdale, FL 33316

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 Christina R Casals Esq. Christina R Casals Esq. 3/10/99
Signature, typed or printed name of registered agent and title if applicable (FL) Director, President, Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President/Direstor D. Kirk Layfield ~~1802 Biscayne Drive~~ ~~Orlando, FL 32804~~	☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	President/Director D. Kirk Layfield 4151 NW 43rd Street Gainesville, FL 32606	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (5/98)

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 [signature] 4/7/99