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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # P98000098653

INNOVATIVE EXPOSITIONS INC.

FILED Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90263 044 ***150.00



				<u> </u>	88518 18181 18668 Billet Billet 1414 1881
Principal Place	e of Business	Mailing Address			
3831 LUTH DR.		3831 LUTH DR.			
JACKSONVILLE FL 32250 JACKSONVILLE FL 32250				DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualifed	
				11/24/1998	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21 383	1 Lath Dr. E	26 3831 LVH	$\sim D_{t}$.		Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional
27				5. Certificate of Status Desired	Fee Required
City & Stat	e r.	City & State	<u> </u>	6. Election Campaign Financing	\$5.00 May Be
23 Dac	KJONVILL, FL	28 Juctwonn		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year	ar Intangible
24 322		29 32250 3	0 USA	Personal Property Tax.	Yes No
	9. Name and Address of Current	Registered Agent	81 Name ∩	10. Name and Address of New Registe	ered Agent
				orian Sucharow	
	HAROW, BRIAN		82 Street Add	dress (P.O. Box Number is Not Acceptable)	
3831 LUTH DR.			333	1 Vota DI.	
JAC	KSONVILLE FL 32250		83		
			84 City	V V	85 Zip Code
			,J ~		FL 32250
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes f Florida, Such change was auti	 the above-named cor horized by the corporat 	poration submits this statement for the purpo- tion's board of directors. I hereby accept the a	se of changing its registered
agent. La	im familiar with, and accept the obligation	ons of, Section 607.0505, Florid	la Statutes.	1.12	-166
SIGNATURE	2m-3			412	7199
CIGITATIONE	Signature, typed or printed name of registered agent		egistered Agent signature requir		E AND DIDECTORS IN 42
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICER	Change Addition
TITLE	Brian Sucharov	☐ DELETE	1.1 TITLE		Change C Addition
NAME.	president		1.2 NAME		
STREET ADDRESS	3831 Lite Or. E. PL 3	1000	1.3 STREET ADDRESS		
CITY-ST-ZIP	Duck-sourily it	32250	1.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE	`	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	1		2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2. 4 CITY-ST-ZIP	<u> </u>	
TITLE		☐ DELETÉ	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY+ST-ZIP		
TITLE		☐ DELETE	4,1 TITLE		☐ Change ☐ Addition
NAME			4, 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME		•	5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		•
CITY+ST-ZIP			5.4 CITY-ST-ZIP		
TITLE 1		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
,			6.2 NAME		
STOCET ADDDESS	100 Medical Basics		6.3 STREET ADDRESS		
STREET ADURESS	Miller US		6.4 CITY-ST-ZIP	•	
CITY-ST-ZIP., 15:					

CITY-ST-ZIP. N. Y. S. 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.

SIGNATURE:

Daytime Phone #