


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

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

04-29-1999 90091 049 \*\*\*158.75



<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # S23608</b>					
1. Corporation Name <b>INNOVATIONS IN STAIRS, INC.</b>					
Principal Place of Business 3700 NW 124TH AVE BAY #111 CORAL SPRINGS FL 33065 US			Mailing Address 3700 NW 124TH AVE BAY #111 CORAL SPRINGS FL 33065 US		
2. Principal Place of Business		2a. Mailing Address		3. Date incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		01/08/1991	
22 City & State		27 City & State		4. FEI Number 65-0238984	
23 Zip Country		28 Zip Country		Applied For Not Applicable	
24		25		29	
30		31		32	
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
RIZZUTO, PETER 3675 NW 124TH AVE CORAL SPRINGS FL 33065			81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 3700 N.W. 124TH AVE Bay #111 83 84 City Coral Sprns. FL 85 Zip Code 33065		
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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE PRESIDENT & DIRECTOR					
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY-ST-ZIP					
2.1 TITLE					
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE					
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE					
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE					
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE					
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, with all other like empowered.

SIGNATURE: *Peter Rizzuto* PRES.  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

✓ 4-25-99 ✓ 954-752-4764  
Date ( daytime Phone #

0162000

CR2E034 (11/98)