Feb 19, 1999 8:00 am Secretary of State

02-19-1999 90057 038 ***158.75

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 # S51686

1. Corporatio	n Name					
	NNOVATIVE TECHNOLOGIES	S. INC.				
111601/11	into intitle reormoeodied	,,			I AIRIA DIBIN BIRIN BIRIN	DIANI HEEK
Principal Plac	e of Business	Mailing Address			: 	DIGHT 1884
6351-39TH ST	N	P.O. BOX 7454				
SUITE 220 ST PETERSBURG FL 33734-			7454			
PINELLAS PARK FL 34665				DO NOT WRITE IN TH	IS SPACE	
US				3. Date Incorporated or Qualifed		
2 Principal C	lace of Business	2a, Mailing Address		05/09/1991 4. FEI Number	Applie	d For
2. Fillicipal 6	iace of business	26. Walling Address		59-3076862	. —	pplicable
Suite, Apt.	#. etc.	Suite, Apt. #, etc.		39-30/0002	\$8.75 Addi	
22		27		5. Certifcate of Status Desired	Fee Requi	
City & Stat	e	City & State		6. Election Campaign Financing	\$5.00 Ma	v Re
23		28		Trust Fund Contribution	Added to F	
Zip	Country	Zip	Country	8. This corporation owes the current year	Intangible	
24	25	29	30	Personal Property Tax.	Yes 🔲	No
•	9. Name and Address of Current	Registered Agent		10. Name and Address of New Registere	d Agent	
	DDAL TIOMA DANGAL		81 Name			
LAMBDON, THOMAS RANDALL			82 Street Add	dress (P.O. Box Number is Not Acceptable)		
SUITE 220						
6351-39TH ST N			[83]			
PINE	LLAS PARK FL 34665		84 City		. 85 Zip Cod	le .
				F	L	
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statute	s, the above-named cor	rporation submits this statement for the purpose tion's board of directors. I hereby accept the app	of changing its reg	jistered ered
agent. I a	m familiar with, and accept the obligation	ons of, Section 607.0505, Flori	da Statutes.	and board of directors. Thereby accept the app	TOM MANUAL CONTRACTOR	
SIGNATURE						
	Signature, typed or printed name of registered agent		Registered Agent signature requi		AND DIDECTORS	
TITLE	OFFICERS AND	DELETE	13.	ADDITIONS/CHANGES TO OFFICERS		☐ Addition
	LAMBOON, THOMAS RANDALL		1.2 NAME		- cuango (
NAME	SUITE 220 6351-39TH ST N		1.3 STREET ADDRESS			
STREET ADDRESS	PINELLAS PARK FL					
CITY-ST-ZIP	D PINELLAS FARN FL	☐ DELETE	1.4 CITY-ST-ZIP 2.1 TITLE	***************************************	Change [Addition
NAME	LAMBDON, THOMAS RANDALL		2.2 NAME			
STREET ADDRESS	SUITE 220 6351-39TH ST N		2.3 STREET ADDRESS			,
CITY-ST-ZIP	PINELLAS PARK FL		2.4 CITY-ST-ZIP			
TITLE	TINELEROTAINTE	☐ DELETE	3.1 TITLE		Change [Addition
NAME		- ·	3.2 NAME			_
STREET ADDRESS			3.3 STREET ADDRESS			İ
CITY-ST-ZIP			3.4. CiTY-\$T-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			Ì
CITY-ST-ZIP			5.4 CITY-ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE		Change	Addition
NAME			6.2 NAME	<i>,</i>		ļ
STREET ADDRESS			6.3 STREET ADDRESS			

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 or application with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/02/99

727.526.3666

Daytime Phone #

2E024 (44/00)