## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUN 1. Corporation		2 (7)			
INVENTION INCUBATION, INC.					
Principal Place 18515 N C GAINEVILLE US	R 225 Corrections	Mating Address  18515 N CR 225 GAINEVILLE FL 32609 US			
				09/16/1992	Date of Last Report <b>04/12/1995</b>
<ol> <li>Principal Pla</li> </ol>	ce of Business	2a. Maxing Address		4. FEI Number <b>59-3146898</b>	Applied For Not Applicable
Suite, Apt. #	, etc	Suite, Apt. #, etc.		5. Certificate of Status Desired	<b>\$8.75</b> Additional Fee Required
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution	<b>\$5.00</b> May Be
<b>Ζ</b> (ρ <b>24</b>	Country 25	Ziji)	Country	8. This corporation has liability for intangib Florida Statutes Yes \[ \] No	
24	g. Name and Address of Current		[30]	10. Name and Address of New Register	
M/ADD	FAL IOLIA A ID		81 Name		
WARREN, JOHN A JR. 18515 N. CR 225			82 Street Addr	ress (P.O. Box Number is Not Acceptable)	
GAINE	SVILLE FL 32609		83		
			84 City		85 Zip Code
or registere	o the provisions of Sections 607,0502 a ed agent, or both, in the State of Florids h, and accept the obligations of, Sectio	r Such change was authori.	zed by the corporation's boa	ration submits this statement for the purpose of rd of directors. I hereby accept the appointmen	changing its registered office
SIGNATURE					
12.	Signature: type≏ oi proded minorot registerat oga i fat. OFFICE-RS AND		T 13.	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	PSD	JETEE □	1 1 T (LE	TREE TO STATE OF THE STATE OF T	☐ Change ☐ Addition
NAME	WARREN, JOHN ALEXANDE	RJ	1.2 NAME		
STREET ADDRESS	18515 N. CR 225		1.9 STREET ADDRESS		
CHY-ST-ZIP	GAINESVILLE FL		1.4 C/1Y - ST - Z/P		
THILE		DELETE	2 1 TUTLE		☐ Change ☐ Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			24 Cil Y - SI - 7:P		
TITLE		DELETE	3 1 TIFLE		Change Additron
NAME			3 2 NAME		
STREET ADDRESS			3.3. STREET ADDRESS		
CITY-ST-ZIP		E3 DC: 516	3.4.CFY St. ZiP		D. 0
TITLE		☐ D€LETE	4 1 THLE		Change Addition
NAME			4.2 NAME		
STREET ADDRESS	1		4.3 STHEET ADDRESS		
CITY-ST-ZIP		DELETE	44 CLY - S! - Z⊮		Cl Change Cl Addition
TITLE		Clatter	S 1 TOTLE		Change Addition
NAME CTOCK LADDON OF			5.2 NAME		
STREET ADDRESS	i		5 3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	5.4 CHY - ST - ZIP 6.1 THE		☐ Change ☐ Add-tion
					The original Production.
NAME EXECUTADOSCO			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		

CHY-ST-ZIP

14. I do hereby certify that the information supplied with this filling is voluntarily furnished and does not quality for the exemption stated in Section 119 07(3)(k). Florida Statutos, I further certify that the information indicated on this annual report or supplemental annual report is true and allocurate 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 trusted empowered to execute 1 is report as required by Chapter 607. Florida Statutes; and that my name appears in Block 13 if changed, or on an attachment with an address.

SIGNATURE:

RE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-12-96 (352)392-4344