

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB - 1 AM 10: 38

DOCUMENT # **845389** (6)
1. Corporation Name
INNOVATIVE INTERFACES INCORPORATED

Principal Place of Business Mailing Address
2344 SIXTH STREET BERKLEY CA 94710 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **03/03/1980** 3a. Date of Last Report **02/18/1994**
4. FEI Number **94-2553274** Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 **5850 Shellmound St** 26 **5850 Shellmound St**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 City & State 27 City & State
Emeryville CA **Emeryville CA**
24 Zip **94608** 25 Country **U.S.A.** 29 Zip **94608** 30 Country **USA**

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 has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**HURLEY, JAMIE KANNETTE
INNOVATIVE INTERFACES INC.
1019 S.E. 3RD ST.
OCALA FL 32671**

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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KLINE, GERALD M.	1.2 NAME	
STREET ADDRESS	901 MENDOCINO	1.3 STREET ADDRESS	
CITY- ST- ZIP	BERKELEY CA	1.4 CITY- ST- ZIP	
TITLE	VST	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SILBERSTEIN, STEPHEN M.	2.2 NAME	
STREET ADDRESS	2827 PALM COURT	2.3 STREET ADDRESS	
CITY- ST- ZIP	BERKELEY, CA 00000	2.4 CITY- ST- ZIP	
TITLE	V	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALTON, ROBERT A.	3.2 NAME	
STREET ADDRESS	843 MENDOCINO	3.3 STREET ADDRESS	
CITY- ST- ZIP	BERKELEY CA	3.4 CITY- ST- ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY- ST- ZIP		4.4 CITY- ST- ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		6.4 CITY- ST- ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 007, Florida Statutes; and that my name appears in Block 12 or (Block 13 if changed, or omitted appointment with an address).

SIGNATURE: _____ Robert A. Walton 1/27/95 510-655-6200
SIGNATURE AND TITLE OF REGISTERED AGENT Date System Version