

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **845389** (6)

1. Corporation Name
INNOVATIVE INTERFACES INCORPORATED



Principal Place of Business: **5850 SHELLMOUND ST EMERYVILLE CA 94608 US**
Mailing Address: **5850 SHELLMOUND ST. EMERYVILLE CA 94608 US**

3. Date Incorporated or Qualified: **03/03/1980**
3a. Date of Last Report: **02/01/1995**

2. Principal Place of Business: 21 State, Apt. #, etc. 22 City & State 23 Zip Country 25
2a. Mailing Address: 26 State, Apt. #, etc. 27 City & State 28 Zip Country 29

4. FEI Number: **94-2553274**
Applied For: Not Applicable
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: *Jamie K. Hurley*
DATE: _____

12. OFFICERS AND DIRECTORS

1. TITLE	PD	<input type="checkbox"/> DELETE
2. NAME	KLINE, GERALD M.	
3. STREET ADDRESS	901 MENDOCINO	
4. CITY-STATE-ZIP	BERKELEY CA	
5. TITLE	VST	<input type="checkbox"/> DELETE
6. NAME	SILBERSTEIN, STEPHEN M.	
7. STREET ADDRESS	2827 PALM COURT	
8. CITY-STATE-ZIP	BERKELEY, CA 00000	
9. TITLE	V	<input type="checkbox"/> DELETE
10. NAME	WALTON, ROBERT A.	
11. STREET ADDRESS	843 MENDOCINO	
12. CITY-STATE-ZIP	BERKELEY CA	
13. TITLE		<input type="checkbox"/> DELETE
14. NAME		
15. STREET ADDRESS		
16. CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME	
19. STREET ADDRESS	
20. CITY-STATE-ZIP	
21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	
23. STREET ADDRESS	
24. CITY-STATE-ZIP	
25. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
26. NAME	
27. STREET ADDRESS	
28. CITY-STATE-ZIP	
29. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
30. NAME	
31. STREET ADDRESS	
32. CITY-STATE-ZIP	
33. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
34. NAME	
35. STREET ADDRESS	
36. CITY-STATE-ZIP	
37. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
38. NAME	
39. STREET ADDRESS	
40. CITY-STATE-ZIP	

14. I do hereby certify that the information supplied in this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplement, if 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 Secretary 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 to this address.

SIGNATURE: *Robt Walton*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Robert Walton

4/5/96 DATE
510-655-6200 COUNTY PHONE #

CR2E034 (12/95)