


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Oct 01 1998 8:00am
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 94608-1966 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 5850 Shellmound Way Suite, Apt. #, etc. 22 City & State 23 Emeryville, Ca 94608 Zip Country 24 25	2a. Mailing Address 26 5850 Shellmound Way Suite, Apt. #, etc. 27 City & State 28 Emeryville, Ca 94608 Zip Country 29 30
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3. Date Incorporated or Qualified 03/03/1980	4. FEI Number 94-2553274 Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> 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 reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	KLINE, GERALD M.	
STREET ADDRESS	901 MENDOCINO	
CITY-ST-ZIP	BERKELEY CA	
TITLE	VST	<input type="checkbox"/> DELETE
NAME	SILBERSTEIN, STEPHEN M.	
STREET ADDRESS	2827 PALM COURT	
CITY-ST-ZIP	BERKELEY, CA 00000	
TITLE	V	<input type="checkbox"/> DELETE
NAME	WALTON, ROBERT A.	
STREET ADDRESS	843 MENDOCINO	
CITY-ST-ZIP	BERKELEY CA	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	SILBERSTEIN, STEPHEN M
2.3 STREET ADDRESS	29 Eucalyptus
2.4 CITY-ST-ZIP	Belvedere, Ca 94920
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing is not subject to 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 to this report.

SIGNATURE: *[Handwritten Signature]*

CR2E034 (5/98)