

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

**APPROVED
AND
FILED**

95 MAY 11 PM 10: 18

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

CORPORATION ANNUAL REPORT **1994/1995**

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

1. Corporation Name: **INNOVA PRODUCTS, INC.**

DOCUMENT # **P93000076970 (1)**

Mailing Address: **269 S. AIRPORT ROAD
NAPLES FL 33940**

Principal Place of Business: **269 S. AIRPORT ROAD
NAPLES FL 33940**

If above addresses are incorrect in any way, send the right correct information and enclose correct copies below

2. Mailing Address: **255 S. AIRPORT RD**

20. Principal Place of Business: **255 S. AIRPORT RD**

22. City & State: **NAPLES, FL**

28. City & State: **NAPLES, FL**

24. Zip: **33942**

25. Country: **COLLIER**

29. Zip: **33942**

30. Country: **COLLIER**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **11/01/1993**

3a. Date of Last Report: **1994**

4. FEI Number: **65-0445498**

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

7. Nonprofit Exempt from \$138.75 Supplemental Fee:

8. This corporation has liability for intangible tax under § 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

**KAUTH JAMES T
3501 DEL PRADO BLVD.
SUITE 210
CAPE CORAL FL 33904**

10. Name and Address of New Registered Agent

81. Name: _____

82. Street Address (P O Box Number is Not Acceptable): _____

83. _____

84. City: _____

85. Zip Code: **FL**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, 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 or 617.0503, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS

11 TITLE	D
12 NAME	ALONZE MICHAEL
13 STREET ADDRESS	260 S. AIRPORT ROAD
14 CITY, ST, ZIP	NAPLES FL 33942
21 TITLE	D
22 NAME	KAUTH JAMES T
23 STREET ADDRESS	3501 DEL PRADO BLVD., SUITE 210
24 CITY, ST, ZIP	CAPE CORAL FL 33904
31 TITLE	D
32 NAME	GRECH SALVATORE C
33 STREET ADDRESS	2701 70TH STREET, S.W.
34 CITY, ST, ZIP	NAPLES FL 33940
41 TITLE	DIRECTOR
42 NAME	RUSSELL FALCONER
43 STREET ADDRESS	22 CLUB WAY
44 CITY, ST, ZIP	HARTSDALE, NY 10530
51 TITLE	DIRECTOR
52 NAME	ROBERT C. ADAMSKI
53 STREET ADDRESS	2724 DEL PRADO BLVD.
54 CITY, ST, ZIP	CAPE CORAL, FL 33904
61 TITLE	
62 NAME	
63 STREET ADDRESS	
64 CITY, ST, ZIP	

13. CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	
21 TITLE	
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	
31 TITLE	
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	
62 NAME	
63 STREET ADDRESS	
64 CITY, ST, ZIP	

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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 119.07(3)(b), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with the laws of Florida in the event that the information supplied is claimed exempt from public access. I further certify that the information indicated on this annual report or supplementary annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. That I have fulfilled all obligations concerning unclaimed property imposed by Chapter 717, Florida Statutes, that I am an officer or director of the corporation or the receiver or trustee empowered to file this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **JAMES T. KAUTH**

SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER OF CORPORATION

5/3/95 (813) 540-0033