

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # P 93000076970
1. Corporation Name
Innova Products, Inc.

Principal Place of Business: 255 Airport Road S, Naples, FL 34104
Mailing Address: 255 Airport Road S, Naples, FL 34104

2. Principal Place of Business: 21 625 FOREST EDGE DRIVE, Suite, Apt. #, etc.
22 City & State: VERNON HILLS, IL
23 Zip: 60061, Country: USA

9. Name and Address of Current Registered Agent: Gary Burns, 625 Forrest Edge Drive, Vernon Hills, IL 60061

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: [Signature] DATE: 3-9-98

12. OFFICERS AND DIRECTORS	
TITLE: P	<input type="checkbox"/> DELETE
NAME: Burns, Gary	
STREET ADDRESS: 625 Forrest Edge Drive	
CITY-ST-ZIP: Vernon Hills, IL 60061	
TITLE: VP	<input type="checkbox"/> DELETE
NAME: Grech, Salvatore	
STREET ADDRESS: 255 Airport Road S	
CITY-ST-ZIP: Naples, FL 34104	
TITLE: S/T	<input checked="" type="checkbox"/> DELETE
NAME: Kauth, James T	
STREET ADDRESS: 3501 DelPrado Blvd	
CITY-ST-ZIP: Cape Coral, FL 33904	
TITLE: [Blank]	<input type="checkbox"/> DELETE
NAME: [Blank]	
STREET ADDRESS: [Blank]	
CITY-ST-ZIP: [Blank]	
TITLE: [Blank]	<input type="checkbox"/> DELETE
NAME: [Blank]	
STREET ADDRESS: [Blank]	
CITY-ST-ZIP: [Blank]	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	800002461438
1.3 STREET ADDRESS	-03/19/98--01005--00
1.4 CITY-ST-ZIP	***150.00 ***150.00
2.1 TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	GRECH, SALVATORE
2.3 STREET ADDRESS	2701 70TH STREET S.W.
2.4 CITY-ST-ZIP	NAPLES, FL 34105
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	RESIGNED POSITION
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 do hereby certify that the information supplied with this filing 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 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, with an attachment with an address.

SIGNATURE: [Signature] Salvatore Grech DATE: 3/18/98

SIGNATURE: [Signature] DATE: 3-9-98 263-7404

APPROVED AND FILED
MAR 18 AM '98
SECRETARY OF STATE
Annual Report
with Revisions
3/4/98

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