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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L54989

(3)

INNOVATIVE CONCEPTS, INC.

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Jan 15	1997 8:00am
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Principa Pla	ace of Business	Maiing Addres	SS			1 100 110 11 100 100 100 100 100 100 10	Aldit Billit Billi	BIBNI QYDH	ALRIA LEBI
BSS NORTH WYMORE ROAD SUITE 101 WINTER PARK FL 32789		655 NORTH WY SUITE 101	655 NORTH WYMORE ROAD SUITE 101						
winter pap	HR PL 32/89	WINJER PARK	WINTER PARK FL 32789-2865			3. Date incorporated or Qualified 03/06/1990		3a. Date of Last Report 06/21/1996	
2. Principal	l Place of Business	2a. Mailing Add	dress			4. FEI Number		Ar	oplied For
<u> </u>		26				59-3028146			ot Applicable
Suite, Ap	pt. #, etc.	Suite, Apt +	#, etc.			5. Certificate of Status Desired	X S		Additional equired
City & State		City & State	City & State			6. Election Campaign Financing \$5.00 May Trust Fund Contribution Added to Fe			
Zip	Country	Zφ		Country		B. This corporation has liability for i			. 199.032,
<u> </u>	25	[29]	30				Yes 🔀 N		
		of Current Registered Agent		61	Name	10. Name and Address of New Re	gistered Age	nt	<del></del>
	ICMILLAN, FRANK				i Name				
	55 NORTH WYMORE ROAD	)	82 Street Ad		Street Add	dress (P.O. Box Number is Not Acceptab	le)		
	uite 101 Ninter Park Fl 32789								
				84	City		FL	IS Zip	Code
SIGNATURE		•							
2.	Signature, typind or per test name of reg	gistered rigent und titc if applicable CERS AND DIRECTORS	INOTE. Beg	pistered Age	ent signature requ	ured when reinstating)  ADDITIONS/CHANGES TO OFFIC			IS IN 12
2.	Signature, typied or per test name of reg OFFIC	ERS AND DIRECTORS	INGTE Beg DELETE		ent signature requ			RECTOF Change	RS IN 12
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14. I do hereby certify that the information supplied with this filling does not qualify for 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 with an address.

**SIGNATURE:** 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FICER OF DIRECTOR PLATING

1/4/78 407-644-720 Oute Dayline Phone #