

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT CORPORATION
ANNUAL REPORT
1995**



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

FILED

1995 JUL 25 AM 9:18

TALLAHASSEE, FLORIDA

DOCUMENT # P37815 (8)
1. Corporation Name
INNOVATIVE DEVELOPMENT CORPORATION

Principal Place of Business Mailing Address
CAESARS HOTEL CAESARS HOTEL
2100 PACIFIC AVENUE 2100 PACIFIC AVENUE
ATLANTIC CITY NJ 08401 ATLANTIC CITY NJ 08401

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 Dolphin Hotel		26 Dolphin Hotel		03/09/1992		07/20/1994	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number		Applied For	
22 1500 Epcot Resort Blvd		27 1500 Epcot Resort Blvd.		22-3152232		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
23 Lake Buena Vista, Fl.		28 Lake Buena Vista, Fl.		<input type="checkbox"/>		\$5.00 May Be Added to Fees	
Zip		Country		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/>	
24 32830		25		29 32830		30	
29		30		B. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
SIMOS, HEIDI C/O DOLPHIN HOTEL 1500 EPCOT RESORT BOULEVARD LAKE BUENA VISTA FL 32830				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				FL			

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 607.0502, Florida Statutes.

SIGNATURE _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PST BUFFMAN, RODGER	1. TITLE	PST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUFFMAN, RODGER	2. NAME	Buffman, Rodger
STREET ADDRESS	17 N. OSBORNE AVE.	3. STREET ADDRESS	9600 Atlantic Avenue, 517
CITY, ST, ZIP	MARGATE NJ	4. CITY, ST, ZIP	Margate, NJ 08402
TITLE	CD	21. TITLE	CD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUFFMAN, RODGER	22. NAME	Buffman, Rodger
STREET ADDRESS	17 N. OSBORNE AVE.	23. STREET ADDRESS	9600 Atlantic Avenue, 517
CITY, ST, ZIP	MARGATE NJ	24. CITY, ST, ZIP	Margate, NJ 08402
TITLE	VD	31. TITLE	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KARPF, BRUCE I.	32. NAME	Buffman, Rodger
STREET ADDRESS	3 GREENBRIER COURT	33. STREET ADDRESS	9600 Atlantic Avenue, 517
CITY, ST, ZIP	VOORHEES NJ	34. CITY, ST, ZIP	Margate, NJ 08402
TITLE		41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42. NAME	
STREET ADDRESS		43. STREET ADDRESS	
CITY, ST, ZIP		44. CITY, ST, ZIP	
TITLE		51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52. NAME	
STREET ADDRESS		53. STREET ADDRESS	
CITY, ST, ZIP		54. CITY, ST, ZIP	
TITLE		61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY, ST, ZIP		64. CITY, ST, ZIP	

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)(a), 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 on Block 12 or Block 13 of this filing, or on an attachment with an address.

SIGNATURE: *[Signature]* **Pres.** **6/28/95 (407) 934-4940**
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR

CR2E034 (3/95)