

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P94000079221 (5)

1. Corporation Name
INNOVATIVE II, INC.



Principal Place of Business: **2601 EAST ATLANTIC BLVD. POMPANO BEACH FL 33062**
Mailing Address: **2611 EAST ATLANTIC BLVD 33062NO BEACH FL 33062 US**

2. Principal Place of Business: **21 505 N. Atlantic Blvd.**
22 Suite, Apt. #, etc.
23 City & State: **FL Lauderdale FL**
24 Zip: **33304** 25 Country: **USA**
26 Mailing Address: **2611 E. Atlantic Blvd.**
27 Suite, Apt. #, etc.
28 City & State: **FL Pompano Beach FL**
29 Zip: **33062** 30 Country: **USA**

3. Date Incorporated or Qualified: **10/27/1994** 3a. Date of Last Report: **01/27/1995**
4. FEI Number: **65-0534560** Applied For: Not Applicable:
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**BROEK, DARREL
2601 EAST ATLANTIC BOULEVARD
POMPANO BEACH FL 33062**

10. Name and Address of New Registered Agent
81 Name: **Broek, Darrel**
82 Street Address (P.O. Box Number is Not Acceptable): **2601 E. Atlantic Blvd.**
83
84 City: **Pompano Beach** FL 85 Zip Code: **33062**

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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	BROEK, DARREL	
STREET ADDRESS	2601 EAST ATLANTIC BLVD.	
CITY-ST-ZIP	POMPANO BEACH FL 33062	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	SAUCY, OLIVER	
STREET ADDRESS	2601 EAST ATLANTIC BLVD.	
CITY-ST-ZIP	POMPANO BEACH FL 33062	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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 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)(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, upon an attachment with an address.

SIGNATURE: *Darrel Broek*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)