

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 AM 4: 08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-05/24/95 --01040 --017
****200.00 ****200.00

DOCUMENT # P94000089865 (7)

1. Corporation Name

INNOVATIVE ACCOUNTING SERVICES, INC.

Principal Place of Business

Mailing Address

5424 N. Main Street
Jacksonville, FL 32208

4215 Southpoint Blvd., #100
Jacksonville, FL 32216

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/12/1994
3a. Date of Last Report N/A

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

Applied For

21

26

59-3282037

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

22

27

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

23

28

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

24

25

Country

29

30

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Schneider, Michael N.
4215 Southpoint Blvd.
Suite #100
Jacksonville, FL 32216

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5

Zip Code

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, typed or printed name of registered agent and title if applicable

NOTE: Registered Agent signature required when registering

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D/P/S/T
NAME Portnoy, Jay R
STREET ADDRESS 5424 N. Main Street
CITY ST ZIP Jacksonville, FL 32208

1.1 TITLE Change Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY ST ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY ST ZIP

REMITTED BY MAY 1

CH

SIGNATURE:

Jay R Portnoy
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Jay R Portnoy

4/18/95

9047654171
Dulcine Thayer