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**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR -7 AM 11:19

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # 767027 (6)

1. Corporation Name

INVENTORS SOCIETY OF SOUTH FLORIDA, INC.

Principal Place of Business

Mailing Address

**4 F STREET
BOYNTON BEACH FL 33435**

**4 F STREET
BOYNTON BEACH FL 33435**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/11/1983

3a. Date of Last Report

03/18/1994

4. FEI Number

59-2447428

Applied For

Not Applicable

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☒

**\$68.75 Supplemental
Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WHITE, ROBERT E.

**4 F STREET
BOYNTON BEACH FL 33435**

81 Name

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

83

84 City

FL

85

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
P	WHITE, ROBERT E.	4 F STREET	BOYNTON BEACH FL
V	WILSON, KENNETH L	3525 BLVD CHATELAINE	DELRAY BCH FL
T	RITCHIE, ALBERT R.	7203 OAKMONT DR.	LAKE WORTH FL
D	PHILLIPS, JERRY G	6800 CYPRESS RD. #304	PLANTATION FL 33317
D	SHILLING, ARTHUR L	818 CHURRER RD.	DELRAY BEACH FL 33483
D	BEZIPTY, LEO	353 LA MANCHA AVE.	ROYAL PALM BEACH FL 33411

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
P	STILLMAN, HERBERT	21405 WOODCHUCK LANE	BOCA RATON FL 33488
V	ZAREMBA, JOANNA A.	5605 N.W. 49TH AVE.	TAMARAC FL 33319
S	COTE, JACQUES L.	5606 N.W. 47TH LANE	TAMARAC FL 33319
T	TURNER, JEAN M.	806 SUMMER ST	LAKE WORTH FL 33461-3013
D	WHITE, ROBERT E.	4 F ST.	BOYNTON BEACH FL 33435

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 110.07(3)(b), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Robert E. White
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/31/95 (404) 736-6594
Date (Type in Paces 8)