

FILE NOW: FILING FEE IS \$61.25

FILED
May 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **767027** (6)
1. Corporation Name
INVENTORS SOCIETY OF SOUTH FLORIDA, INC.



Principal Place of Business 4 F STREET BOYNTON BEACH FL 33435	Mailing Address 4 F STREET BOYNTON BEACH FL 33435-2513
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3. Date Incorporated or Qualified 02/11/1983	3a. Date of Last Report 02/20/1996
4. FEI Number 59-2447428	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Country
24	25
29	30

9. Name and Address of Current Registered Agent
**WHITE, ROBERT E.
4 F STREET
BOYNTON BEACH FL 33435**

10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code
	FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	P <input checked="" type="checkbox"/> DELETE
NAME	STILLMAN, HERBERT
STREET ADDRESS	21405 WOODCHUCK LANE
CITY-ST-ZIP	BOCA RATON FL
TITLE	V <input type="checkbox"/> DELETE
NAME	ZAREMBA, JOANNA A
STREET ADDRESS	5605 N.W. 49TH AVE.
CITY-ST-ZIP	TAMARAC FL
TITLE	D <input type="checkbox"/> DELETE
NAME	RITCHIE, ALBERT R
STREET ADDRESS	7203 OAKMONT DRIVE
CITY-ST-ZIP	LAKE WORTH FL
TITLE	T <input checked="" type="checkbox"/> DELETE
NAME	TURNER, JEAN M
STREET ADDRESS	806 SUMMER ST.
CITY-ST-ZIP	LAKE WORTH FL
TITLE	D <input type="checkbox"/> DELETE
NAME	WHITE, ROBERT E
STREET ADDRESS	4 F STREET
CITY-ST-ZIP	BOYNTON BEACH FL
TITLE	D <input type="checkbox"/> DELETE
NAME	SHILLING, ARTHUR
STREET ADDRESS	818 CHUKKIER ROAD
CITY-ST-ZIP	DELRAY BEACH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	BLUM ALVIN S
1.3 STREET ADDRESS	9350 DEL-MAR PLACE
1.4 CITY-ST-ZIP	FORT LAUDERDALE FL 33301
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	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	STILLMAN HERBERT
4.3 STREET ADDRESS	21405 WOODCHUCK LANE
4.4 CITY-ST-ZIP	BOCA RATON FL
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 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 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 **ROBERT E. WHITE** Date: 05/07/97 561-736-6594
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # 0042361

CR2E037 (9/96)