


FILE NOW: FILING FEE IS \$61.25

FILED  
May 13 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> 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

Mailing Address

**4 "F" STREET  
BOYNTON BEACH FL 33435**

**4 "F" STREET  
BOYNTON BEACH FL 33435-2513**



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

<b>3.</b> Date Incorporated or Qualified <b>02/11/1983</b>	<b>3a.</b> Date of Last Report <b>02/20/1996</b>
<b>4.</b> FEI Number <b>59-2447428</b>	Applied For Not Applicable
<b>5.</b> Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
<b>6.</b> Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
<b>8.</b> This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> 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**

<b>81</b> Name
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)
<b>83</b>
<b>84</b> City
<b>85</b> Zip Code

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

<b>12. OFFICERS AND DIRECTORS</b>		<b>13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12</b>	
TITLE	<b>P</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<b>P</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>STILLMAN, HERBERT</b>	1.2 NAME	<b>BLUM ALVIN S</b>
STREET ADDRESS	<b>21405 WOODCHUCK LANE</b>	1.3 STREET ADDRESS	<b>9350 DEL-MAR PLACE</b>
CITY-ST-ZIP	<b>BOCA RATON FL</b>	1.4 CITY-ST-ZIP	<b>FORT LAUDERDALE FL 33301</b>
TITLE	<b>V</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ZAREMBA, JOANNA A</b>	2.2 NAME	
STREET ADDRESS	<b>5605 N.W. 49TH AVE.</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TAMARAC FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RITCHIE, ALBERT R</b>	3.2 NAME	
STREET ADDRESS	<b>7203 OAKMONT DRIVE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LAKE WORTH FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>T</b> <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TURNER, JEAN M</b>	4.2 NAME	<b>STILLMAN HERBERT</b>
STREET ADDRESS	<b>806 SUMMER ST.</b>	4.3 STREET ADDRESS	<b>21405 WOODCHUCK LANE</b>
CITY-ST-ZIP	<b>LAKE WORTH FL</b>	4.4 CITY-ST-ZIP	<b>BOCA RATON FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WHITE, ROBERT E</b>	5.2 NAME	
STREET ADDRESS	<b>4 F STREET</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BOYNTON BEACH FL</b>	5.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SHILLING, ARTHUR</b>	6.2 NAME	
STREET ADDRESS	<b>818 CHUKKIER ROAD</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DELRAY BEACH FL</b>	6.4 CITY-ST-ZIP	

**4.** 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: 05/02/97 561 736-6594  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # 0042361

CR2E037 (9/96)