FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F68184

(3)

Mailing Address

INNOVATIVE BUILDERS, INC.

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May	19	1997	8:00am
Sec	cret	ary of	State

	(EL TIAN ALLA	

3040 DEL PRADO BLVD STE. 4 CAPE CORAL FL 33904 US			ST CA	3040 DEL PRADO BLVD 8TE. 4 CAPE CORAL FL 33904-7212 US				3. Date Incorporated or Qualified 02/23/1982	3m. Date of 05/01/1		eport
2. Principal P	lace of Busines	SS / A	2a.	Mailing Address				4. FEI Number	<u></u>	Ap	plied For
21 21460	CORKSC	Rewledoug	Anal 26	21460 Cor		ew Wo	odland	g 59-2167362			t Applicable
Suite, Apt.			131 Jd	Suite, Apt. #, etc	·			5. Certificate of Status Desired	<u>. </u>	Fee Re	
City & Stat Ester	ity & State Estero, Fl		28			Election Campaign Financing Trust Fund Contribution		May Be ed to Fees			
Ζιρ 24 3392			29	Zip 33928	30	Country Le]Yes □ No)	. 199,032,
		nd Address of C	urrent Regis	tered Agent			T \$1	10. Name and Address of New Re	gistered Ager	ıt	
	IS, RONALD					81	Name				
	DEL PRADO					82	Street Add	fress (P.O. Box Number is Not Acceptat	ole)		•
CAP	E CORAL FL	33904				83	ļ., <u>.</u>		<u> </u>		
						L	<u> </u>	<u> </u>	···		
						84	City		FL 85	· Zip (Code •
SIGNATURE	x 0	printed name of register	ed agent and title	if applicable	(NOTE: Reg	gA beretal		ition's board of directors. I hereby acception is board of directors. I hereby acception in the control of the	DATE		·
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	by cortify that t	ha information ou	nalical with t	ie filing does not				d in Section 119 07/31(i) Florida Statute	e I further cort	h, that	the

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 eath; 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 Brack 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/27/97 941-947-1101