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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **G31558** **(1)**

1. Corporation Name

INNOVATIVE DEVELOPMENT CORPORATION OF COCOA BEAC H

Principal Place of Business	Mailing Address
500 CATALINA RD #404 P.O. BOX 320825 COCOA BEACH FL 32932-7825	500 CATALINA RD #404 P.O. BOX 320825 COCOA BEACH FL 32932-7825

3. Date Incorporated or Qualified: **04/01/1983**

3a. Date of Last Report: **03/10/1995**

4. FEI Number: **59-2295951** ☐ Applied For ☑ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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

2. Principal Place of Business	2a. Mailing Address
21 3060 N. Atlantic Ave	26 3060 N. Atlantic Ave.
22 Suite, Apt. #, etc. #501 P.O Box 320825	27 Suite, Apt. #, etc. #501 P.O. Box 32825
23 City & State: Cocoa Beach, FL	28 City & State: Cocoa Beach, FL
24 Zip: 32932-7825 25 Country: Brevard	29 Zip: 32932 7825 30 Country: Brevard

9. Name and Address of Current Registered Agent

COHEN, THEDA E.K.
500 CATALINA RD #404
COCOA BEACH FL 32931

10. Name and Address of New Registered Agent

81 Name: Grelle, Mary Jane

82 Street Address (P.O. Box Number is Not Acceptable): 3060 N. Atlantic Ave. #501

83 Cocoa Beach, FL

84 City **FL** 85 Zip Code: 32931-3196

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: Mary Jane Grelle — Mary Jane Grelle — 2/5/96
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D NEILSON, JOHN A. P.O. BOX 825, NA COCOA BEACH FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	S Harrison, Dorothy H. 720 S. Brevard Ave. #317 Cocoa Beach, FL 32931	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P MILLER, ELEANOR J. P.O. BOX 825, NA COCOA BEACH FL	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	D Miller, Eleanor J. P.O. Box 825, NA Cocoa Beach, FL	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HUGHES, ROBERT B. P.O. BOX 825, NA COCOA BEACH FL	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D COUCH, GEORGE P.O. BOX 825, NA COCOA BEACH FL	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	P Couch, George P.O. Box 825, NA Cocoa Beach, FL	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V GRUBER, NETTIE J. 5360 N.ATLANTIC AVE. COCOA BEACH FL	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	T Grelle, Mary Jane 3060 N. Atlantic Ave. #501 Cocoa Beach, FL 32931	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T COHEN, THEDA E.K. 500 CATALINA RD #404 COCOA BEACH FL	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	D Cohen, Theda E.K. 500 Catalina Rd #404 Cocoa Beach, FL	☒ Change ☐ Addition

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 119.07(3)(k), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Mary Jane Grelle — Mary Jane Grelle — 2/5/96 — 407-784-2488
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)