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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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 BEAHC FL 32932 US	3060 N ATLANTIC AVE P O BOX 32825 COCOA BEACH FL 32932 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 5803 N. Banana R. Blvd. Suite, Apt. #, etc. 22 Apt. 1037 City & State 23 Cape Canaveral, FL Zip 24 32920 Country 25	2a. Mailing Address 26 Innovative Dev. Corp. Suite, Apt. #, etc. 27 P.O. Box 32825 City & State 28 Cocoa Beach, FL Zip 29 32932 Country 30 Brevard

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

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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

GRELLE, MARY JANE
3060 N ATLANTIC AVE STE 501
COCOA BEACH FL 32931

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	NEILSON, JOHN A.		1.2 NAME		
STREET ADDRESS	P.O. BOX 825, NA		1.3 STREET ADDRESS		
CITY-ST-ZIP	COCOA BEACH FL		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	MILLER, ELEANOR J.		2.2 NAME		
STREET ADDRESS	P.O. BOX 825, NA		2.3 STREET ADDRESS		
CITY-ST-ZIP	COCOA BEACH FL		2.4 CITY-ST-ZIP		
TITLE	P	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	CARTER, KIM		3.2 NAME		
STREET ADDRESS	5803 N. BANANA R. BLVD., #1037		3.3 STREET ADDRESS		
CITY-ST-ZIP	CAPE CANAVERAL FL		3.4 CITY-ST-ZIP		
TITLE	P	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	COUCH, GEORGE		4.2 NAME		
STREET ADDRESS	P.O. BOX 825, NA		4.3 STREET ADDRESS		
CITY-ST-ZIP	COCOA BEACH FL		4.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	5.1 TITLE	~~Presid~~ Director	☒ Change ☐ Addition
NAME	GRUBER, NETTIE J.		5.2 NAME	Nettie Gruber	
STREET ADDRESS	5360 N.ATLANTIC AVE.		5.3 STREET ADDRESS	205 S. Banana River Dr.	
CITY-ST-ZIP	COCOA BEACH FL		5.4 CITY-ST-ZIP	Cocoa Beach, FL 32931	
TITLE	TD	☐ DELETE	6.1 TITLE		☒ Change ☐ Addition
NAME	GRELLE, MARY JANE		6.2 NAME	Mary Jane Grelle	
STREET ADDRESS	3060 N. ATLANTIC AVE., #501		6.3 STREET ADDRESS	964 Kingfisher Way	
CITY-ST-ZIP	COCOA BEACH FL		6.4 CITY-ST-ZIP	Rockledge, FL 32955	

CR2E034 (10/97)

14. I 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 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 3/31/98 407-634-7533