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

PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 28, 1999 8:00 am
Secretary of State
04-28-1999 90029 017 ***150.00

DOCUMENT # **G31558**

1. Corporation Name
INNOVATIVE DEVELOPMENT CORPORATION OF COCOA BEAC H

Principal Place of Business	Mailing Address
5803 N BANANA RIVER DR APT 1037 CAPE CANAVERAL FL 32920 US	INNOVATIVE DEV. CORP P O BOX 32825 COCOA BEACH FL 32932 US

DO NOT WRITE IN THIS SPACE

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

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

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 the current year Intangible Personal Property Tax. ☐ 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	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	GRUBER, NETTIE J.		5.2 NAME		
STREET ADDRESS	205 S BANANA RIVER DR		5.3 STREET ADDRESS		
CITY-ST-ZIP	COCOA BEACH FL 32931		5.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	GRELLE, MARY JANE		6.2 NAME		
STREET ADDRESS	969 KINGFISHER WAY		6.3 STREET ADDRESS		
CITY-ST-ZIP	ROCKLEDGE FL 32955		6.4 CITY-ST-ZIP		

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, with all other like empowered.

SIGNATURE: Kim Carter President 4-26-99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (11/98)