

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **G32749** (5)  
1. Corporation Name  
**INNOVATIVE DATA SYSTEMS, INC.**



Principal Place of Business: % BERNARD D. CANARICK, ESQ. 1776 N PINE ISL RD STE 118 PLANTATION FL 33324 US  
Mailing Address: % BERNARD D. CANARICK, ESQ. 1776 N PINE ISL RD STE 118 PLANTATION FL 33322 US

3. Date Incorporated or Qualified: 04/12/1983  
3a. Date of Last Report: 05/01/1995  
4. FEI Number: 59-2295159  
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: 21 C/O BERNARD D. CANARICK ESQ 22 8411 WEST OAKLAND PARK BLVD SUITE 202 SUNNISE, FL. 23 33351 US  
2a. Mailing Address: 26 C/O BERNARD D. CANARICK ESQ 27 8411 WEST OAKLAND PARK BLVD SUITE 202 SUNNISE, FL. 28 33351 US  
24 33351 25 US 29 33351 30 U.S.

9. Name and Address of Current Registered Agent  
CANARICK, BERNARD D. ESQ.  
1776 N PINE ISL RD  
STE 118  
PLANTATION FL 33322

10. Name and Address of New Registered Agent  
81 Name: CANARICK BERNARD D. ESQ  
82 Street Address (P.O. Box Number is Not Acceptable): 8411 WEST OAKLAND PARK BLVD  
83 SUITE 202  
84 City: SUNNISE FL 85 Zip Code: 33351

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	KAUFFMAN, FRED	
STREET ADDRESS	1841 SW 67TH AVE	
CITY-ST-ZIP	PLANTATION, FL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KAUFFMAN, IRIS	
STREET ADDRESS	1841 SW 67TH AVE.	
CITY-ST-ZIP	PLANTATION FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	2530 GOLF VIEW DRIVE
1.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33327
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	2530 GOLF VIEW DRIVE
2.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33327
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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: Fred H. Kauffman 4/26/96 (954) 587-9118  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)