

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

FILED

96 DEC -9 AM 10:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **H85447 (1)**

1. Corporation Name
INNOVATIVE SHIPPING SYSTEMS, INC.



REINSTATEMENT *96*

Principal Place of Business: 1549 STATE STREET SARASOTA FL 34236 US
Mailing Address: 1549 STATE STREET SARASOTA FL 34236 US

3. Date Incorporated or Qualified: 11/15/1985
3a. Date of Last Report: 03/24/1995

2. Principal Place of Business (21-24) and Mailing Address (25-28) details including Suite, Apt. #, etc., City & State, Zip, and Country.

4. FBI Number: 59-2317459
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

9. Name and Address of Current Registered Agent
O'BRIEN, VINCENT A ESQUIRE
12909 N. 56TH ST., #102
TAMPA FL 33617

10. Name and Address of New Registered Agent
81 Name: **O'BRIEN, VINCENT A. ESQUIRE**
82 Street Address (P.O. Box Number is Not Acceptable): **19651 BRUCE B. DOWNS Blvd.**
83 **Suite E6-3**
84 City: **TAMPA** FL 85 Zip Code: **33647**

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: *Vincent A. O'Brien* **VINCENT A. O'BRIEN Esquire** 12/6/96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	CD	<input checked="" type="checkbox"/> DELETE
NAME	SNYDER, GEORGE E	
STREET ADDRESS	1549 STATE ST.	
CITY-ST-ZIP	SARASOTA FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	KRUEGER, JEFFREY A	
STREET ADDRESS	1549 STATE ST.	
CITY-ST-ZIP	SARASOTA FL	
TITLE	SVD	<input type="checkbox"/> DELETE
NAME	COLE, KENNETH R	
STREET ADDRESS	1549 STATE ST.	
CITY-ST-ZIP	SARASOTA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SEWELL, JACK B.	
STREET ADDRESS	4242 HIGEL AVE.	
CITY-ST-ZIP	SARASOTA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MORGAN, DANIEL L	
STREET ADDRESS	1549 STATE ST.	
CITY-ST-ZIP	SARASOTA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	400002025824
2.3 STREET ADDRESS	-12/11/96--01023--010
2.4 CITY-ST-ZIP	***383.75 ***383.75
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	CD
3.3 STREET ADDRESS	COLE, KENNETH R
3.4 CITY-ST-ZIP	1549 STATE ST. SARASOTA, FL 34236
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)(b), 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 in an amendment with an address.

SIGNATURE: *Jeffrey A. Krueger* **President** 12/6/96 941-366-1000
Signature, typed or printed name of signing officer or director DAYTIME PHONE #

CR2E034 (12/95)