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Feb 27 1997 8:00am  
Secretary of State

PROFIT CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # **H85447** (1)  
1. Corporation Name  
**INNOVATIVE SHIPPING SYSTEMS, INC.**



Principal Place of Business Mailing Address  
**1549 STATE STREET SARASOTA FL 34236 US** **1549 STATE STREET SARASOTA FL 34236-5806 US**

3. Date Incorporated or Qualified **11/15/1985** 3a. Date of Last Report **12/09/1996**  
4. FEI Number **59-2317459** 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 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 24 Country 25 29 Zip 30 Country

9. Name and Address of Current Registered Agent  
**O'BRIEN, VINCENT A ESQUIRE  
19651 BRUCE B. DOWNS BLVD.  
SUITE E6-3  
TAMPA FL 33647**

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

12. OFFICERS AND DIRECTORS	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE
NAME	<b>KRUEGER, JEFFREY A</b>
STREET ADDRESS	<b>1549 STATE ST.</b>
CITY-ST-ZIP	<b>SARASOTA FL</b>
TITLE	<b>CD</b> <input type="checkbox"/> DELETE
NAME	<b>COLE, KENNETH R</b>
STREET ADDRESS	<b>1549 STATE ST.</b>
CITY-ST-ZIP	<b>SARASOTA FL 34238</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>SEWELL, JACK B.</b>
STREET ADDRESS	<b>4242 HIGEL AVE.</b>
CITY-ST-ZIP	<b>SARASOTA FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>MORGAN, DANIEL L</b>
STREET ADDRESS	<b>1549 STATE ST.</b>
CITY-ST-ZIP	<b>SARASOTA FL</b>
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 type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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 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 13 of this report or on an attachment with an address \_\_\_\_\_

SIGNATURE: **Jeffrey A. Krueger** **2/18/97** (941) 366-1000  
NATURAL AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)