

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra S. Morfitt
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
&
FILED**

95 MAY -1 PM 2: 18

DOCUMENT # **H97808** (0)

1. Corporation Name
INNOVATIVE SOFTWARE DEVELOPMENT, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
P O BOX 160458 ALTAMONTE SPRINGS FL 32716-7458
P O BOX 160458 ALTAMONTE SPRINGS FL 32716-7458

3. Date Incorporated or Qualified **02/05/1986** 3a. Date of Last Report **04/19/1994**

4. FEI Number **59-2625565** 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

6. This Corporation has liability for integrated fee under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address

21. State, Apt. #, etc. 26. State, Apt. #, etc.

22. City & State 27. City & State

23. ZIP 28. ZIP

24. 25. 29. 30.

9. Name and Address of Current Registered Agent
**SCHWEEN, PETER
405 SPRING VALLEY LN.
ALTAMONTE SPGS. FL 32714**

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 607.0501, Florida Statutes.

SIGNATURE _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	SCHWEEN, MARY ELLEN
STREET ADDRESS	405 SPRING VALLEY LN.
CITY, ST, ZIP	ALTAMONTE SPGS FL
TITLE	DP
NAME	SCHWEEN, PETER
STREET ADDRESS	405 SPRING VALLEY LN.
CITY, ST, ZIP	ALTAMONTE SPGS FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	
13. STREET ADDRESS	
14. CITY, ST, ZIP	
21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	
23. STREET ADDRESS	
24. CITY, ST, ZIP	
31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME	
33. STREET ADDRESS	
34. CITY, ST, ZIP	
41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME	
43. STREET ADDRESS	
44. CITY, ST, ZIP	
51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME	
53. STREET ADDRESS	
54. CITY, ST, ZIP	
61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME	
63. STREET ADDRESS	
64. CITY, ST, ZIP	

14. I hereby certify that the information provided with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 190.07(3)(b), Florida Statutes. I further certify that the information included 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 in the receiver or trustee empowered to execute this report as required by Chapter 407, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report. I am attaching with an address _____

SIGNATURE: *X Peter Schween*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-95 (407) 692-2773