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



FILED

PROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS			•		Jan 15 1998 8:00am Secretary of State	
DOCUMENT # K5737: 1. Corporation Name INNOVATIVE IDEAS, INC.		3	3 (8)							
Principal Place of Business Mailing Address									-	
5415 W. CRENSHAW TAMPA FL 33634			TAM	P O BOX 262732 TAMPA FL 33685					DO NOT WRITE IN THIS SPACE	
US			US	US					3. Date Incorporated or Qualified	
Principal Place of Business 2a. N				29 M	Mailing Address					01/10/1989 4. FEI Number Applied For
21			26	[59-2929058 Not Applicable	
	Suite, Apt. #, etc.			27 St	Suite, Apt. #, etc.				_	5. Certificate of Status Desired Security Securi
	ity & State	9			ity & State					6. Election Campaign Financing \$5.00 May Be
23 Z	ip		Country	28 Zi		Co	untry			Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible
24		25		29		30				Personal Property Tax due June 30. Yes No
Name and Address of Current Registered Agent							81	Name		10. Name and Address of New Registered Agent
CI CURPURATION SYSTEM										
1200 S. PINE ISLAND ROAD PLANTATION FL 33324							82 Street Address (P.O. Box Number is Not Acceptable)			
1241111101112 00021										
								City		FL 85 Zip Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the							bove	e-named	corpor	
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 register 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.										in s board or directors. Thereby accept the appointment as registered
SIGN	NATURE	Signature, typed or prin	ed name of registered age	ent and title if ap	pricable. (N	OTE: Register	id Age	nt signature	berluper	when reinstating) DATE
12.			OFFICERS AN	D DIRECTO		13.				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	1	D			☐ DELETE	1.1 1				L Change L Addition
NAME		BLAZIER, RO					IAME			į
	ET ADDRESS 5415 W. CRENSHAW STST-ZIP TAMPA FL			1.44			ADDRESS	ì	,	
TITLE	31-20-	D			DELETE	2.1 T		(Change Addition
NAME	1	DEVARS, KE	NNETH P.			2.21	AME	ĺ		}
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NAME	1000000					6.2 N		*******		Í
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14. I hereby certify that the information supplied with this filling 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 one attachment with an address.