

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

P A I D
#9205 2/26/96
\$200.00

DOCUMENT # **K63960** (4)

1. Corporation Name

REALLY INNOVATIONS, INC.

Principal Place of Business

**4050 WEST HIGHWAY 520
COCOA FL 32926
US**

Mailing Address

**POST OFFICE BOX 560008
ROCKLEDGE FL 32956-0008
US**



3. Date Incorporated or Qualified
02/07/1989

3a. Date of Last Report
04/26/1995

2. Principal Place of Business

2a. Mailing Address

21 **4050 W. Highway 520**
Suite, Apt. #, etc.

26 **P.O. Box 560008**
Suite, Apt. #, etc.

4. FEI Number

59-2043479

Applied For

Not Applicable

22 City & State

27 City & State

23 **Cocoa, FL**

28 **Rockledge, FL**

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

24 **32926**

Country

US

29 **32956**

Country

US

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BLODIG, GREGORY J.
1630 NORTH FEDERAL HIGHWAY
FT. LAUDERDALE FL 33307**

81 Name

Really P. Nolen

82 Street Address (P.O. Box Number is Not Acceptable)

4050 W. Highway 520

83

84 City

Rockledge

FL

85 Zip Code

32956

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

Really P. Nolen
Signature, typed or printed name of registered agent and title if applicable

Really P. Nolen
(NOTE: Registered Agent signature required when reinstating)

1-19-96
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME **D
NOLAN, TRULY**
STREET ADDRESS **4050 WEST HIGHWAY 520**
CITY- ST- ZIP **COCOA FL**

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

TITLE ☐ DELETE

NAME **P
NOLAN, REALLY P.**
STREET ADDRESS **4050 WEST HIGHWAY 520**
CITY- ST- ZIP **COCOA FL**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

TITLE ☒ DELETE

NAME **T
HOERGER, ROBERT F.**
STREET ADDRESS **4050 WEST HIGHWAY 520**
CITY- ST- ZIP **COCOA FL**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

TITLE ☐ DELETE

NAME **T
NOLAN, STEVEN S.**
STREET ADDRESS **4050 WEST HIGHWAY 520**
CITY- ST- ZIP **COCOA FL**

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY- ST- ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY- ST- ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY- ST- ZIP

NAME
STREET ADDRESS
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:

Really P. Nolen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Really P. Nolen **1-19-96** **407 631-2414**
Date Daytime Phone #

CR2E034 (12/95)