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PROFIT CORPORATION ANNUAL REPORT

1996



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

K63960 **DOCUMENT #**

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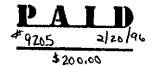
REALLY INNOVATIONS, INC.

4050 WEST HIGHWAY 520 COCOA FL 32926

Principal Place of Business

Mailing Address

POST OFFICE BOX 560008 ROCKLEDGE FL 32956-0008 US



3a. Date of Last Report

3. Date Incorporated or Qualified

								02/07/1989			04/26/1995		
		ce of Business W. Highway 520	2a. Mailing Address 26 P.O. Box 5	600	08			4. FEI Number 59-2943479			⊢	Applied For Not Applicable	
Suite, Apt #, etc.			Suite, Apt. #, etc.				5. Certificate of Status Desired	3 [<u> </u>		Additional Required		
23	Cocoa	, FL	City & State 28 ROckledge, FL				Election Campaign Financia Trust Fund Contribution)	•	May Be to Fees		
- 1	Zipi	Country	Zip	<u> </u>	ountry	1		8. This corporation has liability			under s	199.032,	
24	32926	25 US	29 32956	30	<u> </u>				Yes [
Name and Address of Current Registered Agent								10. Name and Address of N	w Regi	stered A	jent	 .	
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 16	200	kledge		FL	85 2 ^Z ic	956	
11	. Pursuant to	the provisions of Sections 607.0502	and 607.1508, Florida Statute	s, the al	ove-l	named cor	roorati	ion submits this statement for the	e purpos	e of chan	ging ite re	enistered office	
	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 Sujfecture, bytect to printeger familied registered agent and late if applicable (NOTE: Registered A set signature required when renstating) DATE											₽		
12		OFFICERS AND	DIRECTORS	13				ADDITIONS/CHANGES TO	OFFICE	RS AND [IRECTO	RS IN 12	
Hit	.F	D	☐ DELETE	1. 1	TITLE						Change	■ Addition	
NA	/li	NOLEN, TRULY		1.2	NAME								
SIH	EFT ACERESS	4050 WEST HIGHWAY 520			STREET	ADDRESS							
Çi)	Y - ST - 71P	COCOA FL		1.4	1.4 DITY-ST-ZIP								
m	,F	Р	☐ DELETE	2 1	TITLE						Change	☐ Addition	
NAI	dt	NOLEN, REALLY P.		22	2 2 NAME								
\$16	LE L'ADDRESS	4050 WEST HIGHWAY 520			STREET	ADDRESS							
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HI.	ŧ	T	K) DELETE	3 1	TITLE						Change	☐ Addition	
NAM	As I	Hoerger, Robert F.		3.2 NAME		ł							
STR	EET ADDRESS	4050 WEST HIGHWAY 520		33	STREE	T ADDRESS							
C-T	Y S1-76	COCOA FL		3.4	CITY - S	I - ZIP							
ы	F	T	□ DELETE	4. 1	TITLE						Change	Addition	
NAM	AE [nolen, steven s.		42	NAME								
STE	ECT ADDRESS	4050 WEST HIGHWAY 520		43	STREET	ADDRESS							
CIT:	f - ST - ZIF	COCOA FL		44	CITY - S	iT - ZiP							
Ш	E		☐ DELETE		TITLE						Change	Addition	
NA!	Λŧ			5.2	NAME							_	
SIB	EFT ADDRESS			5.3	5 3 STREET AD								
CIT	r-ST-ZIP	r l			54 CITY-ST-ZIP								
lile	F		DELETE		TITLE						Change	Addition	
NAN	AE .			62	NAME	f				_	-		
STH	EET ADDRESS			63	STREET	ADDRESS							
CITY	r-S1-ZIP				CITY-S								
	I do hereby certify that I oath; that I	certify that the information supplied wi the information indicated on this annua am an officer or director of the corpora Block 12 or Block 13 if changed, or on	report or supplemental annuation or the receiver or trustee	hed and al report empow	doe:	s not quali	: irata	and that my signature shall have	the car	na lanal at	fact ac if i	meda undar	

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR