

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

DOCUMENT # **K64756** (5)

1. Corporation Name

INNOVATIVE SCIENTIFIC CONCEPTS, INC.



Principal Place of Business

Mailing Address

**C/O JAMES WELLINGTON
2356 WINTER WOODS BLVD
WINTER PARK FL 32792**

**C/O JAMES WELLINGTON
2356 WINTER WOODS BLVD
WINTER PARK FL 32792**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc. 26 **2911 Red Bug Lake Road**

22 City & State 27 **Suite 800**

23 Zip 25 Country 28 **Casselberry FL**

24 Zip 25 Country 29 **32707** 30

9. Name and Address of Current Registered Agent

**WELLINGTON, JAMES D
2356 WINTER WOODS BLVD
WINTER PARK 32792**

3. Date Incorporated or Qualified

02/10/1989

3a. Date of Last Report

04/27/1995

4. FEI Number

65-0161289

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name **James D. Wellington**

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

2911 Red Bug Lake Rd

83 **Suite 800**

84 City **Casselberry**

FL

85 Zip Code **32707**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **P WELLINGTON, JAMES**
STREET ADDRESS **2356 WINTER WOODS BLVD**
CITY-ST-ZIP **WINTER PARK FL**

TITLE ☐ DELETE
NAME **V VANDAMIA, ANDREW**
STREET ADDRESS **2356 WINTER WOODS BLVD**
CITY-ST-ZIP **WINTER PARK FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-13-96

407-496-2909

Date

Daytime Phone #

CR2E034 (12/95)