

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 # L64032

1. Corporation Name

~~SUPERMARKET DATA SERVICES, INC.~~
INNOVATIVE SYSTEMS, INC.

(0)

NC
3-18-96
SEP



Principal Place of Business

28100 U.S. HIGHWAY 19, #504
CLEARWATER FL 34621

Mailing Address

28100 U.S. HIGHWAY 19, #504
CLEARWATER FL 34621

3. Date Incorporated or Qualified 04/05/1990	3a. Date of Last Report 05/01/1995
4. FEI Number 62-1422220	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CASTILHO, ELIZABETH P.
28100 U.S. HIGHWAY 19, #504
CLEARWATER FL 34621

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 607.0505, 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PIEDMONT, JOHN F.	1.2 NAME	
STREET ADDRESS	48 TURNSTONE DR.	1.3 STREET ADDRESS	114 WATREEDGE COURT
CITY-ST-ZIP	SAFETY HARBOR FL	1.4 CITY-ST-ZIP	SAFETY HARBOR, FL 34695
TITLE	DV <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOBSON, MARVIN G., JR.	2.2 NAME	
STREET ADDRESS	4437 LOCHURST	2.3 STREET ADDRESS	
CITY-ST-ZIP	PFAFFTOWN NC	2.4 CITY-ST-ZIP	
TITLE	DV <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASTILHO, CARLOS J.	3.2 NAME	
STREET ADDRESS	55 TURNSTONE DR.	3.3 STREET ADDRESS	3022 KEY HARBOR DRIVE
CITY-ST-ZIP	SAFETY HARBOR FL	3.4 CITY-ST-ZIP	SAFETY HARBOR, FL 34695
TITLE	DVS <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASTILHO, ELIZABETH P.	4.2 NAME	
STREET ADDRESS	55 TURNSTONE DR.	4.3 STREET ADDRESS	3022 KEY HARBOR DRIVE
CITY-ST-ZIP	SAFETY HARBOR FL	4.4 CITY-ST-ZIP	SAFETY HARBOR, FL 34695
TITLE	VP <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEESE, EMILY G.	5.2 NAME	
STREET ADDRESS	124 PLYMOUTH AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	WINSTON-SALEM NC	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *Emily G Neese*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/96

Date

910/896-7900

Daytime Phone #

CR2E034 (12/95)