


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

FILED

May 02 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # **L64032**

(0)

1. Corporation Name

INNOVATIVE SYSTEMS, INC.

Principal Place of Business

**28100 U.S. HIGHWAY 19, STE. 301
CLEARWATER FL 34621**

Mailing Address

**28100 U.S. HIGHWAY 19, STE. 301
CLEARWATER FL 34621-2656**

3. Date Incorporated or Qualified

04/05/1990

3a. Date of Last Report

04/28/1996

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

g. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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

TITLE	DP	<input type="checkbox"/> DELETE
NAME	PIEDMONT, JOHN F.	
STREET ADDRESS	114 WATEREDGE COURT	
CITY - ST - ZIP	SAFETY HARBOR FL 34695	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	HOBSON, MARVIN G., JR.	
STREET ADDRESS	4437 LOCHURST	
CITY - ST - ZIP	PIAFFTOWN NC	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	CASTILHO, CARLOS J.	
STREET ADDRESS	3022 KEY HARBOR DRIVE	
CITY - ST - ZIP	SAFETY HARBOR FL 34695	
TITLE	DVS	<input type="checkbox"/> DELETE
NAME	CASTILHO, ELIZABETH P.	
STREET ADDRESS	3022 KEY HARBOR DRIVE	
CITY - ST - ZIP	SAFETY HARBOR FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	NEESE, EMILY G.	
STREET ADDRESS	124 PLYMOUTH AVE	
CITY - ST - ZIP	WINSTON-SALEM NC	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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 on an attachment with an address.

SIGNATURE:

Emily G Neese
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Emily G Neese

4/11/97
Date

910/896-7900
Daytime Phone #

CR2E034 (9/96)