SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) FLORIDA DEPARTMENT OF STATE **PROFIT** CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 DOCUMENT # (9)M72065 INNOVATIVE INSURANCE AGENCY, INC. Mailing Address Principal Place of Business 1000 WEST MCNAB RD. 1000 WEST MCNAB RD. P.O. BOX 1530 P.O. BOX 1530 3a. Date of Last Report POMPANO BCH FL 33061-8530 POMPANO BCH FL 33061-8530 3. Date Incorporated or Qualified 02/06/1995 03/16/1988 Applied For 4. FEI Number 2a. Mailing Address 2. Principal Place of Business Not Applicable 65-0047572 26 21 \$8.75 Additional Suite, Apt #, etc 5. Certificate of Status Desired Suite. Apt #, etc Fee Required 27 22 \$5.00 May Be 6. Election Campaign Financing City & State City & State Added to Fees Trust Fund Contribution 28 23 8. This corporation has liability for intangible tax under s. 199.032 Country Zio Country Zip Yes No Florida Statutes 30 29 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name MAGNUSON, CARL Street Address (P.O. Box Number is Not Acceptable) 1000 WEST MCNAB RD. POMPANO BCH FL 33069 83 Zip Code 85 84 Cily 11. Pursuant to the provisions of Sections 607 0502 and 607 1508. Fiorida 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 (NOTE: Projectered Agent signature required when recistating) Signature, typed to prome treams of registered agent and the Tapplicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (36/8)OFFICERS AND DIRECTORS 13. 12. Change Addition DELETE 11 TITLE TITLE 1.2 NAME MAGNUSON, CARL NAME 1.3 STREET ADDRESS 1000 WEST MCNAB RD. STREET ADDRESS 1 4 C1TY - ST - ZIP POMPANO BEACH FL Change Addition CiTY-ST-7IP DELETE 2.1 TITLE TITLE 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS 2 4 CITY - ST - ZIP Change Addition CITY-ST-ZIP DELETE 31 TITLE TITLE 3 2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CiTY - ST-ZIP CITY - ST-ZIP Change Addition DELETE 411016 TITLE NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP Change Addition CITY - ST - ZIP DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5 4 CITY - ST- ZIP DITY-ST-ZIP Change Addition DELETE 61 TiTLE THILE 6.2 NAME NAME

6.3 STREET ADDRESS

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 Statules, I further certify that the information implication 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 617, Florida Statules, and that my name appears in Block 12 or Block 13 if changed, or or an attachment with an address

AME OF SIGNING OFFICER OR DIRECTOR

STREET ADDRESS

SIGNATURE:

8/2/96 954 943-5112