

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

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Apr 14 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P23764 (4)

1. Corporation Name
INOVATEK ADVISORS, INC.

Principal Place of Business

**905 M.L. KING DR.
SUITE 200
TARPON SPRINGS FL 34689-4827
US**

Mailing Address

**905 MARTIN LUTHER KING JR. DRIVE
SUITE 200
TARPON SPRINGS FL 34689-4827
US**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/07/1989		3a. Date of Last Report 06/27/1996	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 13-3058340		Applied For <input type="checkbox"/> Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

**JAUB, REL
13577 FEATHER SOUND
UNIT 300
CLEARWATER FL 34622**

10. Name and Address of New Registered Agent

81 Name
Richard Jacobs, Esq.
82 Street Address (P.O. Box Number is Not Acceptable)
13577 Feather Sound Dr. # 300
83
Clearwater, FL 34622-5547
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, and I hereby accept the appointment as registered agent. I am familiar with, and accept the obligation of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature of the principal or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/13/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	1.1 TITLE	Assistant Secretary
NAME	VAJK, HUGO	1.2 NAME	
STREET ADDRESS	905 M. L. KING DR., STE. 200	1.3 STREET ADDRESS	Richard Jacobs, Esq.
CITY-ST-ZIP	TARPON SPRINGS FL	1.4 CITY-ST-ZIP	13577 Feather Sound Dr. # 300
TITLE	VSD	2.1 TITLE	Clearwater, FL 34622-5547
NAME	VAJK, TANYA	2.2 NAME	
STREET ADDRESS	905 M L KING DR STE 200	2.3 STREET ADDRESS	
CITY-ST-ZIP	TARPON SPRINGS FL	2.4 CITY-ST-ZIP	
TITLE	V	3.1 TITLE	
NAME	VAJK, BARBARA L.	3.2 NAME	
STREET ADDRESS	905 M. L. KING DR., STE. 200	3.3 STREET ADDRESS	
CITY-ST-ZIP	TARPON SPRINGS FL	3.4 CITY-ST-ZIP	
TITLE	V	4.1 TITLE	
NAME	CAMPBELL, MADELEINE VAJK	4.2 NAME	
STREET ADDRESS	EASTER CLATTO COTTAGE, CUPAR	4.3 STREET ADDRESS	
CITY-ST-ZIP	FIFE SCOTLAND UK	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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 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:

Richard Jacobs, Esq.

April 8, 1997 P23764

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)