

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P92000002395 (1)**

1. Corporation Name

**INNOVATIVE DEVELOPMENT ASSOCIATES, INC.**



Principal Place of Business

2800 S. FINANCIAL CT.  
SUITE B-1  
SANFORD FL 32773  
US

Mailing Address

2800 S. FINANCIAL CT.  
SUITE B-1  
SANFORD FL 32773  
US

3. Date Incorporated or Qualified  
**10/27/1992**

3a. Date of Last Report  
**02/08/1995**

2. Principal Place of Business

21 Suite, Apt. #, etc

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc

27 City & State

28 Zip

30 Country

4. FEI Number

**59-3152925**

Applied for

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes

No

9. Name and Address of Current Registered Agent

**PLOGSTEDT, ANTOINETTE E  
BARRETT, CHAPMAN & RUTA, P.A.  
940 HIGHLAND AVENUE  
ORLANDO FL 32803**

10. Name and Address of New Registered Agent

81 Name **WOOLDRIDGE, ALLEN W.**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**2800 So. FINANCIAL COURT**  
83  
84 City **SANFORD** FL 85 Zip Code **32773**

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 *Allen W. Wooldrige*

**1/17/96**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DP	<input type="checkbox"/> DELETE
NAME	WOOLDRIDGE, ALLEN W	
STREET ADDRESS	312 COLUMBO CIR	
CITY, ST, ZIP	ORLANDO 32	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PEDERSON, CHARLES O.	
STREET ADDRESS	PETERSON RD	
CITY, ST, ZIP	ALTOONA FL	
TITLE	DST	<input type="checkbox"/> DELETE
NAME	RICH, PAUL L	
STREET ADDRESS	894 SHETLAND AVE	
CITY, ST, ZIP	WINTER SPRING FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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 supplementary 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 trustee 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 a later report with an address.

SIGNATURE: *Paul L. Rich*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/17/96 (407) 330-4800**

Designation

CR2E034 (12/95)