


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

**FILED**  
**Mar 10 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P92000002395 (1)**  
 1. Corporation Name  
**INNOVATIVE DEVELOPMENT ASSOCIATES, INC.**



Principal Place of Business <b>2800 S. FINANCIAL CT.</b> <del>SUITE 81</del> <b>SANFORD FL 32773</b> <b>US</b>	Mailing Address <b>2800 S. FINANCIAL CT.</b> <del>SUITE 81</del> <b>SANFORD FL 32773</b> <b>US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>21 2800 S. FINANCIAL CT</b> Suite, Apt. #, etc. <b>22 SANFORD FL</b> City & State <b>23 32773-8118</b> Zip <b>25 U.S.</b> Country	2a. Mailing Address <b>26 2800 S. FINANCIAL CT.</b> Suite, Apt. #, etc. <b>27 SANFORD FL</b> City & State <b>28 32773-8118</b> Zip <b>29 U.S.</b> Country
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3. Date Incorporated or Qualified <b>10/27/1992</b>	4. FEI Number <b>59-3152925</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent  
**WOOLDRIDGE, ALLEN W**  
**2800 S. FINANCIAL COURT**  
**940 HIGHLAND AVENUE**  
**SANFORD FL 32773**

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: Allen W Wooldridge **ALLEN W WOOLDRIDGE** PRESIDENT **3/3/98** DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>WOOLDRIDGE, ALLEN W</b>	1.2 NAME	<b>MCDONALD, EUGENE P</b>
STREET ADDRESS	<b>312 COLUMBO CIR</b>	1.3 STREET ADDRESS	<b>154 PIONEER DR</b>
CITY-ST-ZIP	<b>ORLANDO 32</b>	1.4 CITY-ST-ZIP	<b>LEOMINSTER, MA 01453</b>
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>VP-OPERATIONS</b>	2.2 NAME	<b>HOLIMAN, JESSE M., JR</b>
STREET ADDRESS	<b>PETERSON RD</b>	2.3 STREET ADDRESS	<b>1246 GUNTER RD</b>
CITY-ST-ZIP	<b>ALTOONA FL</b>	2.4 CITY-ST-ZIP	<b>FLORENCE, MS 39073</b>
TITLE	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>ST RICH, PAUL L</b>	3.2 NAME	<b>REYNOLDS, JACQUELINE K</b>
STREET ADDRESS	<b>904 SHETLAND AVE</b>	3.3 STREET ADDRESS	<b>414 RIVER DR</b>
CITY-ST-ZIP	<b>WINTER SPRING FL</b>	3.4 CITY-ST-ZIP	<b>DEBARY, FL 32713</b>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	<b>VP-ASSISTANT SECRETARY</b>
STREET ADDRESS		4.3 STREET ADDRESS	<b>WALKOVICH, CHARLES P</b>
CITY-ST-ZIP		4.4 CITY-ST-ZIP	<b>154 PIONEER DR</b>
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	<b>LEOMINSTER, MA 01453</b>
STREET ADDRESS		5.3 STREET ADDRESS	<b>VP-TREASURER</b>
CITY-ST-ZIP		5.4 CITY-ST-ZIP	<b>KAROL, WILLIAM S</b>
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	<b>154 PIONEER DR</b>
STREET ADDRESS		6.3 STREET ADDRESS	<b>LEOMINSTER, MA 01453</b>
CITY-ST-ZIP		6.4 CITY-ST-ZIP	<b>VP-SECRETARY</b>
TITLE	<input type="checkbox"/> DELETE	6.5 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.6 NAME	<b>LEAVER, WILLIAM J</b>
STREET ADDRESS		6.7 STREET ADDRESS	<b>154 PIONEER DR</b>
CITY-ST-ZIP		6.8 CITY-ST-ZIP	<b>LEOMINSTER, MA 01453</b>

14. I 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: Allen W Wooldridge **ALLEN W WOOLDRIDGE - PRESIDENT** **3/2/98** **407-330-4800**

CR2E034 (10/97)