SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000020367 (7)

INNOVATIVE ELECTRONIC DATA SOLUTIONS, INC.

FILED Aug 06 1997 8:00am Secretary of State



Principal Plac	e of Business	\$ IBONIODI (40 IKIOB IIII) DA	14 4 6 1 11 1 4 6	(16) 00 010 11011 00 160 1		(0 f) (0 J)					
Principal Place of Business Mailing Address 890 NAFA DRIVE 890 NAFA DRIVE											
BOCA RATO	BOCA RATON FL 33487	ı									
US		US			DO NOT WRITE IN THIS SPACE						
						3. Date Incorporated or Qu	Jalified	3a. Date of La	ist Repo	ort	
						03/15/1993		_03/08/1	996		
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number						
21		26			65-0401448			Nol A	pplicable		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				\$8.75 Additional					
22		27			b. Cerificate of Status Des	5. Certificate of Status Desired Fee Required					
City & State	8	City & State			6. Election Campaign Financing \$5.00 May Be						
23		28			Trust Fund Contribution Added to Fees						
Zip	Country	Zip Country			8. This corporation owes or has paid the current year Intangible						
24	25	29	30			Personal Property Tax due June 30. 🔲 Yes 🔀 No					
	9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent					
VE	RNACE, SALVATORE J			81	Name						
	NAFA DR		92 Street A			60 D. N. J. S. N. J.		1.3			
	CA RATON FL 33487					Address (P.O. Box Number is Not A	ссерцио	·····································			
				83							
				84	City	· · · · · · · · · · · · · · · · · · ·		FL 85	Zip Co	de	
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											
						required when reinstating)	0.05516	DATE			
12.	OFFICERS ANI			13.		ADDITIONS/CHANGES TO	J OFFIC				
TITLE	T VEDNIAGE ANNIA MADIE	☐ DETEIE						∐ Cha	nge L	Addition	
NAME	VERNACE, ANNA MARIE		1.2 NAME								
STREET ADDRESS	890 NAFA DR			1.3 STREET ADDRESS							
CITY-ST-ZIP	BOCA RATON FL		1.4 CiTY-		T- ZIP					-1	
TITLE	SVP	· ·		2.1 TITLE				☐ Cha	nge <u>L</u>	Addition	
NAME	MELZLER, MARK		2.2 NA	2.2 NAME							
STREET ADDRESS	967 S 🐠 🖘		2.3 STA		ADDRESS						
CITY-ST-ZIP	WOODMERE NY		2. 4 CI		17 - ZIP						
TITLE		☐ DELETE	DELETE 3.1 TITL					Cha	nge [Addition	
NAME			3.2 NAN					•			
STREET ADDRESS			3.3 STREET ADDRESS		ADDRESS					1	
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NAME			4. 2 M								
STREET ADDRESS			4.3 ST	REE1	ADDRESS						
CITY-ST-ZIP			4.4 C				İ				
TITLE	,	DELETE	5.1 1 1					Cha	nge T	Addition	
NAME		<u>. </u>	5.2 NA						_		
STREET ADDRESS					ADDRESS						
	ı			5.3 STREET ADDRESS						j	
CITY-ST-ZIP TITLE		· · · · · · · · · · · · · · · · · · ·		4 CITY-ST-ZIP 1 TITLE				☐ Cha	nne T	Addition	
								<u> </u>	ıyı≎ L	Audillon	
NAME			6.2 NA							i	
Street address					ADDRESS						
CITY-ST-ZIP			6 4 CI	TY-ST	T-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.

D. CHALLES HOLLING CHALLE