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

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCU 1. Corporatio	MENT # P930 0)0032748 (4)	l		
•• •• •• •	NERS INNOVATIVE DESIG	N & DEVELOPMENT GR	NIP.		
INC.		TO DETECTION OF			
Principal Place	e of Business	Mailing Address			
P. O. BOX	1618 N/A	P. O. BOX 1618 N/A			
OVIEDO FL 32765 OVIEDO FL 32765					
00		US		3. Date Incorporated or Qualified	3a. Date of Last Report
9 Principal P	lace of Business	2a, Mailing Address		05/04/1993 4. FEI Number	05/01/1995
21 26		······		59-3180735	Applied For Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional	
22 27		····		g, Commone of Olatos Dosildo	Fee Required
City & State 28		City & State		Election Campaign Financing Trust Fund Contribution	S5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for	
24	25	29	30		□No
9, Name and Address of Current Registered Agent 10, Name and Address of New Registered Agent					
IOUNG	ON, WADE F JR.		K∈	becca Wrigh	T, CTO
250 NORTH ORANGE AVE.			82 Street And	tros 60. Box Number is Not Acoustat	HC+.
11TH F	LOOR		83		
ORLAN	DO FL 32801		84 City	licalo II	85 70 Code,
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statutes.	the above-named corpo	oration submits this statement for the nur	rose of changing its registered office
or register farniliar wi	red agent, or both, in the State of Flori ith, and accept the obligations of Sec	ida. Such change was authorized tion 607.0509, Fibrida Statutes	by the corporation's bo	oration submits this statement for the pur and of directors. I hereby accept the appi	ointment as registered agent. I am
SIGNATURE	Leve	uaum	(c		4124196
12.	Signature, types of printed native of registered again OFFICERS AN	CarxTule Papplicatio (NOTE: ID DIRECTORS	Registered Agent signature requi	red when reinstating) ADDITION PCHANGES TO OFF	DATE:
TITLE	CTD	DELETE.		Rebect A Whaht	Change Addition
NAME	WRIGHT, ERNEST W	·	1.2 NAME	1009 Leinhart	_
STREET ADDRESS	1009 LEINHART CT.		1.3 STREET ADDRESS	Oviedo, FL 3271	کم
CITY-ST-ZIP	OVIEDO FL	Fin Druff	1.4 CHY-ST-ZIF		
TITLE NAME	PS%	☐ DELETE	2. 1 Title 2.2 NAME		Change Addition
STREET ADDRESS	DONOVAN, CHARLES 4509 CLARKSDALE CT.		2.3 STREET ADDRESS		
CITY-ST-7IP	ORLANDO FL		2.4 City- St-ZiP		
TITLE	VD	DELETE	3. 1 7 I I L E		Change Addition
NAME	GODIN, ADELARD		3 2 NAME		
STREET ADDRESS	205 BRITISH WOOD DR		3.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	NASHVILLE TN	DECETE	3.4 CITY-ST-ZIP 4.1 TITLE		Change Addition
NAME			4.2 NAME		E
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		FT br. fre	4.4 CITY-SÎ - ZIP	500001 8 3 -05/22/96010	34525 m - 190
TITLE		☐ DEFELE	5 1 TITLE	4.4.4.000 00	
NAME STREET ADDRESS			5.2 NAME 5.3 STREET ADDRESS	ጥጥፎፀ∪⊾ሀሀ \ (\	J
City-S1-ZiP			5.4 City - St - ZiP	V	
TITLE		[] DELETE	6. 1 TITL€	i m	Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
C-TY-ST-7/P	L		6.4 CITY - S1 - ZIP	-	

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 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 13,7 manged, or on an attachment with an address.

SIGNATURE:

ME OF SIGNING OF FIRER OR DIRECTOR

Ceytine Phone #