

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000003237 (2)

1. Corporation Name

INNOVATIVE SYSTEMS MARKETING INC.



Principal Place of Business

Mailing Address

~~2740 NW 12TH ST~~
~~POMPANO BEACH FL 33062~~

~~2740 NW 12TH ST~~
~~POMPANO BEACH FL 33062~~

3. Date Incorporated or Qualified
01/13/1994

3a. Date of Last Report
03/03/1995

2. Principal Place of Business

2a. Mailing Address

21 600 BRICKELL AVE.

26 600 BRICKELL AVE

4. FEI Number

65-0462579

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 206 B

27 206 B

City & State

City & State

23 MIAMI FL

28 MIAMI FL

Zip

Country

Zip

Country

24 33081

25 U.S.A.

29 33131

30 U.S.A.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SELL, DAVID P
2740 NW 12TH ST
POMPANO BEACH FL 33062

81 Name JOHN BRAGGIOTTI

82 Street Address (P.O. Box Number is Not Acceptable)

3300 NE 191 ST.

83 APT 814

84 City AVENTURA

FL

85 Zip Code 33180

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

JOHN BRAGGIOTTI - PRESIDENT

2/6/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P
NAME SELL, DAVID P
STREET ADDRESS 2740 NW 12TH ST
CITY-STATE-ZIP POMPANO BEACH FL
☒ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP
☐ Change ☐ Addition

TITLE VP
NAME BRAGGIOTTI, JOHN
STREET ADDRESS 3300 N.E. 191 ST., APT. 814
CITY-STATE-ZIP AVENTURA FL
☐ DELETE

2.1 TITLE PRESIDENT
2.2 NAME BRAGGIOTTI, JOHN
2.3 STREET ADDRESS 3300 N.E. 191 ST., APT 814
2.4 CITY-STATE-ZIP AVENTURA FL 33180
☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP
☐ Change ☐ Addition

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 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 this 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN F. BRAGGIOTTI

2/6/96 (305) 358-4050

Date Daytime Phone #

CR2E034 (12/95)