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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Socretary of State DIVISION OF CORPORATIONS

POCUMENT # P9400007653 (6)

INNOVATIVE NETWORK SYSTEMS, INC.

Principal Place of Business Mailing Address						inn munt datif tabil disal mills fint 1611	
185 14TH PLA VERO BEACH		185 14TH PLACE SW VERO BEACH FL 3296;	2-6500				
US		US					
					 Date Incorporated or Qualified 01/21/1994 	3a. Date of Last Report 05/01/1996	
	Place of Business	2a. Mailing Address			4. FEI Number	Applied For	
21 26 Suite, Apt. #, etc.					59-3229037	Not Applicable	
22		Suite, Apt. #, etc.	27		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State	City & State		6. Election Campaign Financing	\$5.00 May Be	
23		28	·		Trust Fund Contribution	Added to Fees	
Zip 24	Country	Zip	Count	ry	8. This corporation has liability for	intangible tax under s. 199,032,	
24	25 9. Name and Address of Currer	29	30			Yes 🔀 No	
		ni negisterea Agent	8		10. Name and Address of New Re	egistered Agent	
	LLINS, GEORGE G JR		ľ	1 Name -	John P. Kistle	r Ir	
756 BEACHLAND BLVD.				2 Street Add	4		
VEF	RO BEACH FL 32963		-	J	ress (P.O. Box Number is Not Accepta	urt S.W.	
			8	3			
			8-	City \		- 85 Zip Codo	
				1 '' V#	ero Beach,	- FI 150107 V	
11. Pursuant	to the provisions of Sections 607.050 registered agent, or both, in the State	02 and 607.1508, Florida Stat	utes, the abo	ve-named corp	poration submits this statement for the p	ourpose of changing its registered	
agent. I a	am familiar with, and accept the oblig	ntions of Section 607,9505, I	s aumonzeo r Florida Statute	by the corpora es.	poration submits this statement for the lation's board of directors. I hereby acce	pt the appointment as registered	
SIGNATURE	John T. St.	Alloso Ve			211	2/97	
			O1E Brigistered A	gent a grature requi	red when reinstating)	DATE	
12.	OFFICERS AN		13.		ADDITIONS/CHANGES TO OFFICE	CERS AND DIRECTORS IN 12	
TITLE	PVST	☐ DELETE	1.1 TITLE			Change Addition	
NAME	DAVENPORT, WILLIAM W JR		1.2 NAME				
STREET ADDRESS	185 14TH PALCE SW		1.3 STREE	1 ADORESS			
CITY-ST-ZIP	VERO BEACH FL		1.4 001 Y	ST-ZIP			
TITLE		☐ DELETE	2 1 TITLE			Change Addition	
NAME			2.2 NAME	İ			
STREET ADDRESS			2.3 STREE	1 ADDRESS			
CITY-ST-ZIP			2.4 CITY	ł			
TITLE	DELETE		3.1 TITLE			Change Addition	
NAME			3.2 NAME				
STREET ADDRESS				1 ADDRESS			
CITY-ST-ZIP			3 4. C(1)				
TITLE		DELETE	4 1 TITLE	J. 211		Change Addition	
NAME			4. 2 NAME			E Auditoli	
STREET ADDRESS				1 ADDRESS			
CITY-ST-ZIP			4.4 CBY				
TITLE		☐ DELE1E	5.1 TOLE	21-51L		Change Addition	
NAME			5.2 NAME			L_F Change L_F Addition	
STREET ADDRESS				1 ADDRESS			
CITY-ST-ZIP				ſ		•	
TITLE		DETETE	5.4 CITY- 6.1 TITLE	21 - (1).		Ober	
		F P OFFICE	0.1 IIILE			Change Addition	

14. I do hereby certify that the information supplied with this filing does not qualify to 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 logal 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 attachy in twing an address.

6.2 NAME

NAME

STREET ADDRESS CITY-ST-ZIP

FILED

May 08 1997 8:00am

Secretary of State