FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
95 JUL 31 PM 12:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000053765 (1)**

1. Corporation Name
INNOVATIVE NETWORK SOLUTIONS, INC.

Principal Place of Business	Mailing Address
737 POWDERHORN CIRCLE LAKE MARY FL 32746	737 POWDERHORN CIRCLE LAKE MARY FL 32746

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/18/1994
3a. Date of Last Report:

2. Principal Place of Business
21: 411 GREYOAKS COURT
22: Suite, Apt. #, etc.
23: City & State: DEBARY, FLORIDA
24: Zip: 32713
25: Country: USA

2a. Mailing Address
26: 411 GREYOAKS COURT
27: Suite, Apt. #, etc.
28: City & State: DEBARY, FLORIDA
29: Zip: 32713
30: Country: USA

4. FEI Number: 59-3254178 ☐ 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

9. Name and Address of Current Registered Agent

ARRECHE, CANDIDO
737 POWDERHORN CIRCLE
LAKE MARY FL 32746

10. Name and Address of New Registered Agent

81 Name: CANDIDO ARRECHE
82 Street Address (P.O. Box Number is Not Acceptable): 411 GREYOAKS COURT
83:
84 City: DEBARY, FL 85 Zip Code: 32713

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: [signature] CANDIDO ARRECHE 07/25/95
Signature, type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☑ Change ☐ Addition
NAME	ARRECHE, CANDIDO	12 NAME	ARRECHE, CANDIDO
STREET ADDRESS	737 POWDERHORN CIRCLE	13 STREET ADDRESS	411 GREYOAKS COURT
CITY-ST-ZIP	LAKE MARY FL 32746	14 CITY-ST-ZIP	DEBARY, FLORIDA 32713
TITLE		21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY-ST-ZIP		24 CITY-ST-ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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)(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, added or deleted.

SIGNATURE: [signature] CANDIDO ARRECHE, 25 JULY (407) 660-0001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)

0040306 CP