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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

P94000078578 (9)

DOCUMENT # ISLAND INNOVATIONS, INC.

Principal Place of Business

2. Principal Place of Business

Suite, Apt. #, ètc.

21

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Mailing Address

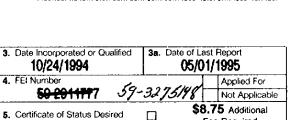
2a. Mailing Address

Suite, Apt. #, etc.

26

27

867 N COURTENAY PKWY MERRITT ISLAND FL 32953 867 N COURTENAY PKWY MERRITT ISLAND FL 32953



Fee Required

City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Ζφ Zip Country 8. This corporation has liability for intangible tax under s 199.032, Yes No Florida Statutes 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent ROOTS, RENEE M

867 N COURTENAY PKWY MERRITT ISLAND FL 32953

	· · · · · · · · · · · · · · · · · · ·		
81	Name		
82	Street Address (P.O. Box Number is Not Acceptable)		
83			
84	City	85	Zip Code

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, typed or printed name of registered agent and title if OFFICERS AND DIREC		TE: Registered Agent signature required when reinstating: DATE 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12				
12.		□ DELETE	13.	ADDITIONS/OFFAINGES TO OFFI	CERS AND DIRECTO	Addition	
TITLE	D PRESIDENT	L'1 OELEIE	1. 1 TITLE		☐ change	LT Vagurau	
NAME	ROOTS, RENEE M		1.2 NAME				
STREET ADDRESS	867 N COURTENAY PKWY		1.3 STREET ADDRESS				
CITY - ST - ZIP	MERRITT ISLAND FL 32953		1.4 CITY - ST - ZIP				
TITLE		DELETE	2 1 TITLE	VICE - PRESIDENT	Change	Addition	
NAME			2 2 NAME	BONNIE MOORE			
STREET ADDRESS			2 3 STREET ADDRESS	BONNIE MOORE 867 N. COURTENAY PK	WY.		
CHTY-ST-ZIP			2 4 CITY-ST-ZIP	MERRITT TSLAND, FL	32953		
TOLE		☐ DELETE	3 1 TITLE	• •	☐ Change	☐ Addition	
NAME			3.2 NAME				
STREET ADDRESS			3.3. STREET ADDRESS				
CITY-S1-ZIP			3.4 CITY - ST - ZIP				
TITLE		□ D€LETE	4. 1 TITLE		☐ Change	☐ Addition	
NAME			4.2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP			4.4 CITY - ST - ZIP				
TITLE		☐ DELETE	5. 1 TITLE		Change	☐ Addition	
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY - ST - ZIP			5.4 CITY-ST-ZIP				
THILE		DELETE	6. 1 TITLE		☐ Change	Addition	
NAME			62 NAME				
STREET ADDRESS			63 STREET ADDRESS				
CITY OF 71D			& A CITY . CT . 7ID				

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 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 chargest, or on an attachment with an address.

SIGNATURE:

CR2E034 (12/95)