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

DOCUMENT #

P94000079221 (5)

INNOV	'ATIVE II, INC.				
Principal Place o	of Business	Mailing Address		I INTIIANI NIN INSII TASAI MEAN	BBSH OOM BOUN LONE INSIN HOLD TING 1 1500 1000
2601 EAST ATLANTIC BLVD. POMPANO BEACH FL 33062		2611 EAST ATLANTIC BLVD 30062NO BEACH FL 33062 US			
				3. Date Incorporated or Qualified 10/27/1994	3a. Date of Last Report 01/27/1995
2. Principal Place of Business. 21 505 N. AHLANTIC Blvd. Suite, Apt. #, etc. 22		2a. Mailing Address 26] 3611 E. Atlantic Blud. Suite, Apt. #, etc 27]		4, FEI Number 65-0534560	Applied For Not Applicable
				5. Certificate of Status Desired S8.75 Additional Fee Required	
23	A Lauderdale FI	East Homban Ba	d Fi	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
	Country	797017	Country	8. This corporation has lability for	or intangible tax under s. 199.032,
33304	25 USA		o] UsA		es []No
	g. Name and Address of Current	negistered Agent	81 Name 1	10. Name and Address of New	Hegistered Agent
DDOCK	DARDE			xoek, Junel	
2601 EAST ATLANTIC BOULEVARD				ress (P.O. Bax Number is Not Acceptable)	
POMRA	NI BEACH FL 33062		83		
			84 ON POW	Dan Bond	FL 85 Zp Code 2
or registere	the provisions of Sections 607.0502 of agent, or both, in the State of Florid , and accept the obligations of, Section	 Such change was authorized t 	the above named corpo by the corporation's bria	ration submits this statement for the partie of directors. Thereby accept the ap	surpose of changing its registered office.
SIGNATURE					
12.	ignature, typed or preted name of requirement age of OFFICERS AND		is getical Aport agration require 13.	·	FFICERS AND DIRECTORS IN 12
TILE	Р	DELETE	1 1 THILE		Change Addition
NAME	Broek, Darrel		1.2 NAME		
STREET ADDRESS	2601 EAST ATLANTIC BLVD	•	1.3 STREET ADDRESS		
CITY - ST - 21P	POMPANO BEACH FL 3306		1.4 CHY - \$1 - ZIF		
TITLE	ST	DELETE	2 1 FITLE		Change Addition
NAME	SAUCY, OLIVER		2.2 NAME		
STREET ADDRESS	2601 EAST ATLANTIC BLVD		2.3 STREET ADDRESS		
CITY -ST - ZIP THILE	POMPANO BEACH FL 3306	Z TOELETE	2.4 City - St. ZiF 3.1 Title		☐ Change ☐ Addition
NAME			3.2 NAME		Change C Radition
STREET ADDRESS			3.3 STREET ADDRESS		
CITY -ST - ZIP			3.4 C(TY S1 - Z)P		
TIFLE		DELETE	4 1 TITLE		Change Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY - ST - ZIP			4.4.0-TY-ST-ZiP		
TITLE		DELETE	5 1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY - S1 - ZIP		·	5401Y-Si-7P		
THILE		☐ DELETE	6 1 TI*LE		[_] Change [_] Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STHEFT ADDRESS		
CITY-ST-ZIP 14. I do hereby	certify that the information supplies w	th this fling is voluntarily furnishe	■ 64 Cl*Y+S*-7IP od and does not qualify	for the exemption stated in Section 1	19.07(3)/k), Florida Statutes, I further
certify that oath; that I	the information indicated on this annu- am an once or director of the corpor Biock 12 of Block 13 if changed,	s' report or supplemental annual ation or the receiver or trusted e	report is true and accur- upowered to execute the	ate and that my signature shall have t	ne sarne legal effect as if made under

SIGNATURE: ~

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Ptione #