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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9500004835

Principal Place of Business

INNOVATION CONSULTATION, INC.

4845 SUNDERLAND ROAD JACKSONVILLE FL 32210			4845 SUNDERLAND ROAD JACKSONVILLE FL 32210				DO NOT W	NE IN THE	CD 4 C			
<u> </u>							DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified					
						01/17/1995						
2. Principal Place of Business 2a. Mailing Add				Address			4. FEI Number			Ap	olied For	
21			26				59-3307498			No	Applicable	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				5. Certifcate of Status Desired				dditional	
22			27				3, Controlle of Olding Desired	<u> </u>	F	ee Re	quired	
City & State			City & State				6. Election Campaign Financing	ı 🗆	\$.	5.00	May Be	
23 28							Trust Fund Contribution	<u> </u>	Α	dded to	Fees	
Zip	Country	<u></u>	Zip Country				8. This corporation owes the cu	rrent year Inta			_	
24	25	29 30					Personal Property Tax. Yes No					
Name and Address of Current Registered Agent 81							10. Name and Address of New	Registered /	Agent			
PINDER, DAWN D					\perp	Name						
4845 SUNDERLAND ROAD JACKSONVILLE FL 32210				82	2	Street Addre	at Address (P.O. Box Number is Not Acceptable)					
				83								
					t	City	F1 85 Zi				ode	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutes, the above							ration submits this statement for th	<u> </u>	hand	ina its	egistered	
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, typed or printed name of registered agent and little if applicable. (NOTE: Registered Agent signature required when reinstating) DAT												
12.	OFFICERS AND	DIRE		13.			ADDITIONS/CHANGES TO O	FFICERS AN				
TITLE	D		☐ DELETE	1.1 TITLE					☐ CI	ange	Addition	
NAME	PINDER, DAWN D			1.2 NAME							ļ	
				1.3 STREET ADDRESS		ADDRESS					}	
CITY-ST-ZIP	JACKSONVILLE FL 32210			1.4 CITY-5	3T-2	ZIP						
TITLE			☐ DELETE	2.1 TITLE			المناب المادي المعلمين		☐ Ct	ange	☐ Addition	
NAME	AME 22 N				2.2 NAME							
STREET ADDRESS 2			2.3 STREET ADDRESS		ADDRESS							
				2. 4 CITY-ST-ZIP		-ZiP						
TITLE			DELETE	3.1 TITLE					Ch	ange	☐ Addition	
NAME				3.2 NAME								
STREET ADDRESS				3.3 STREE	ΤAI	DDRESS						
CITY-ST-ZIP				3.4. CITY-5	ST-	-ZIP						
TITLE			☐ DELETE	4.1 TITLE					Ch	ange	☐ Addition	
NAME				4. 2 NAME								
STREET ADDRESS				4.3 STREE	TAI	UDDRESS						
CITY-ST-ZIP				4.4 CITY-S	T-2	ZIP						
TITLE			☐ OELETE	5.1 TITLE					☐ Ch	ange	☐ Addition	
NAME				5.2 NAME								
STREET ADDRESS				5.3 STREE	TAI	DORESS						
CITY-ST-ZIP				5.4 CITY-S	T- Z	ZIP					1	
TITLE			☐ DELETE	6.1 TITLE					☐ Ch	ange	☐ Addition	

14. I hereby certify that the information supplied with this filing 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 arms a 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 of 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, with all other like empowered.

6.3 STREET ADDRESS

SIGNATURE:

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Feb 18, 1999 8:00am

Secretary of State

02-18-1999 90083 016 ***150.00