## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

NAME

STREET ADDRESS

CITY-ST-ZIP

PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham FILED ANNUAL REPORT Secretary of State 97 SEP 11 PH 3: 11 1997 DIVISION OF CORPORATIONS DOCUMENT # P95000019547 (5) SECRETARY OF STATE TALLAHASSEE, FLORIDA INNOVATIVE CONTRACTORS, INC. Principal Place of Business Mailing Address 120 S.W. 5TH COURT POMPANO BEACH FL 120 8.W. 5TH COURT POMPANO BEACH FL DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 3a. Date of Last Report 03/09/1995 06/04/1996 2a. Mailing Address 2. Principal Place of Business 4. FEI Number Applied For 21 65-0564964 26 Not Applicable Suite, Apt. #, etc. Suite. Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Recuired 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Zip Country This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No Country 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent B1 Name AUSTIN, CR 6950 CYPRESS ROAD 82 Street Address (P.O. Box Number is Not Acceptable) SUITE 101 PLANTATION FL 33317 83 City 84 Zip Code FI 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, typed or printed name of registered agent and title if applicable (NOTE Registered Agent a gnature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. PD DELETE Change Addition TITLE 1.1 TITLE ALEXANDER, CHARLES NAME 1.2 NAME 120 S.W. 5TH COURT STREET ADDRESS 1.3 STREET ADDRESS POMPANO BEACH FL 33060 CITY-ST-ZIP 1.4 CITY - ST - ZIF Change DELETE Addition TITLE 2.1 TITLE 70000022934857 WELSH, RICHARD M. NAME 22 NAME -n9/15/97--01134--007 120 S.W. 5TH COURT STREET ADDRESS 2.3 STREET ADDRESS \*\*\*\*550.00 \*\*\*\*550.00 POMPANO BEACH FL 33060 CITY-ST-ZIP 2. 4 CITY-ST-ZIP ☐ DELETE Change Addition TITLE " 3.1 TITLE **ale**xander, vallye k NAME 3.2 NAME 120 S.W. 5TH COURT STREET ADDRESS 3.3 STREET ADDRESS POMPANO BEACH FL 33060 CITY-ST-ZIP 3.4. CITY- ST- ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4.2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 City - St - ZiP DELETE Change Addition 5.1 TITLE TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 54 CHY-ST-ZIP DELETE Addition TITLE 61 TITLE

6.2 NAME

14. I do 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

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appears in Block 12 or Block 13 if changed, or on an attachment with an address

6.3 STREET ADDRESS

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6.4 CITY - ST - ZIP

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 path; 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