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

PROFIT
CORPORATION
ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P95000037252 (0)
1. Corporation Name

INNOVATIVE	EHNIDING	INIC
INNUVALIVE	FUNITING	ING.

INIOVAI	HAE LONDING INC.				
Principal Place of	f Business	Mailing Address		1 10011004 010 50104 01111 00111 00111	1866 MAINE COURT (MAIN 1188) BILLO 1181 1381
% STEVEN L. SHERMAN 4300 S. OCEAN BLVD SUITE 3 HIGHLAND BEACH FL  **STEVEN L. SHERMAN 4300 S. OCEAN BLVD SUITE HIGHLAND BEACH FL  **HIGHLAND BEACH FL					
		HIGHLAND BEACH FL		3. Date Incorporated or Qualified 05/11/1995	3a. Date of Last Report
2. Principal Plac	e of Business	2a. Mailing Address	50 (4 . 0 . 4 (1))	4. FEI Number	Applied For
1 800 M	S CYPRESS CREEK PD	26 800 W CY	PRESS GREEK P.D.	65-0571473	Not Applicable
	etc. E 580	Suite, Apt. #, etc. 27 SUITUS	<u>80</u>	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	AUDER'DALE I'L	City & State 28 ( 1   A   L D	DEDALE FL.	Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Gountry	Zip	Country USA	8. This corporation has liability for Florida Statutes Yes	intangible tax under si 199.032, : MNo
J. 383	09 25 4511	[29] <u>33355</u>	30 4517	10. Name and Address of New F	
	9. Name and Address of Current	Registered Agent	81 Name	EVEN SHEKMAN	<u> </u>
- 665565	ATION OFFISCE COMPANY				) n) .
	ATION SERVICE COMPANY		82 Street Addi	ress (P.O. Box Number is Not Acceptat	lakd 47280
	S STREET		83		
TALLAHA	SSEE FL 32301-2525				85 Zip Code
			B4 City	LAMDERDALE	<b>FL</b>     23369
ar rapidtore	the provisions of Sections 607,0502 id agent, or both, in the State of Florid in, and accept the obligations of, Sect	n Suco chance was aurion	tes, the above-named corpored by the corporation's boa	rration submits this statement for the pu ard of directors. I hereby accept the app	
SIGNATURE	Strong	. <u></u>	منست والتنجمون الأدودون	٠	112319c
	Signature and a printed name of estimated a jet to OF FICERS AN		OIL Projectored Agent signature require  13.		ICERS AND DIRECTORS IN 12
12.		DELETE	1 1 TITLE		Change Addition
TITLE	pt Sherman, Steven L	<b>—</b>	1.2 NAME		
NAME PROPERTY	4300 S. OCEAN BLVD., SUITE	= a	1.3 STREET ADDRESS		
STREET ADDRESS	HIGHLAND BEACH FL 33487		14 CITY - \$1 - 7 IP		
C-TY - ST - ZiP TITLE	VS	DELETE	2 1 TITLE		Change Addition
NAME	ROSENBLOOM, MARK		2.2 NAME		
STREET ADORESS	270-25T GRAND CENTRAL PA	ARKWAY	2.3 STREET ADDRESS		
CITY-ST-ZIP	FLORAL PARK NY 11005		24 CHY SUZIP		
TITLE		DELETE	: 3 1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	3 4 CITY - St - ZIP		Change Addition
TITLE		∏ nere ip	4 1 TITLE 42 NAME		
NAME			4.2 NAME 4.3 STREET ADDRESS	0000017: -04/25/9601	3312U 097020
STREET ADDRESS			4.4 CITY ST-ZIP	***208.75	031 020
CITY-ST-ZIP		DELETE	5 1 TITLE	THE THE PERSON NAMED IN COLUMN TO PERSON NAM	☐ Change ☐ Addition
TITLE		L *******	5.2 NAME		
NAME STREET ADDRESS			5.3 STREET ADDRESS		
CITY-\$1-ZIP			5.4 CITY - ST - ZIP		
TITLE		☐ DELETE	6 1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
			6.4 CHY-S1-ZIP		0.07/0/0.5 51-24-00-14-14-14-1-1
certify that	y certify that the information supplied fitne information indicated on this ann I am an officer or director of the corp Block 12 or Block 13 if changed, or	ua report or supplemental ar oration or the receiver or trus	tee empowered to execute t	y for the exemption stated in Section 11 irate and that my signature shall have the this report as required by Chapter 607,	कार्याक्ष्या, Figure 3 Statutes, Fidure to same legal effect as if made under Florida Statutes; and that my name

THAT I THE OF THE NAME OF SIGNING OFFICER OR DIRECTOR TRESTORN T

4/23/94 (954)492-4996 50 11-25-96