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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

POCUMENT # P 95000037252

INNOVATIVE PUNDING INC

Principal Place of Business

Mailing Address

800 W. CYPRESS CREEK RD #550

FTLI	tuderdale f	2 33309	•			3. Date Incorporated or Qualified	3a. Date of Last Report
2. Principal Pla	ice of Business	2a. Mailing Adi	2a. Mailing Address			4. FEI Number	Applied For
4		26	26			65-0571673	Not Applicable
Suite, Apt. #, etc.		Suite, Apt	Suite, Apt #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State	City & Sialo			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country 25	Zip 29	Country 30			8. This corporation has liability for int	angible tax under s. 199.032, Yes No
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent		
STEVEN SHERMAN					Name		
800 W. CYPRESS CREEK RD #580				82	Street Address (P.O. Box Number is Not Acceptable)		
FT LAUDERDALE FZ 33309				83			
	•		•	84	City		FI 85 Zip Code

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				to required when reinstaining DATE				
12.	Signature, typed or printed name of registered agent and title if applicable OFFICERS AND DIRECTORS	(NOTE:	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12				
		DELETE	11 TITLE	Change Addition				
TITLE	T NEULDERY 1	JEEC 15		E change E Administ				
NAME	STEVEN SHEKNING		1.2 NAME					
STREET ADDRESS	STEVEN SHERMAN 4300 S. OCEAN BLUD #3		13 STREET ADDRESS					
CITY-ST-ZIP	HIGHLAND BETCH FL 33487	<u> </u>	14 CHTY - ST - ZIP					
TITLE	VICE PRESIDENT)ELETE	21 TITLE	Change Addition				
NAME	HADU RIKENTSLEMA	'	22 NAME					
STREET ADDRESS	276-25T GRAND CONTRAL PRY		2.3 STREET ADDRESS					
CITY-ST-ZIP	PLORM PARK NY 11005		2. 4 CITY - S1 - 7IP					
TITLE		DELETE	3.1 THLF	☐ Change ☐ Addition				
NAME			3 2 NAME					
STREET ADDRESS			33 STREET ADDRESS					
CITY - ST - ZIP			3.4. C(1) - ST - Z(P					
THILE		DELETE	4.1 TITLE	☐ Change ☐ Addition				
NAME	•		4. 2 NAME	80,000,220,680,8				
STREET ADDRESS			4.3 STREET ADDRESS	-06/10/9701004024				
CITY-ST-ZIP			4.4 CITY - ST - ZIP	***8.75				
TITLE		DELETE	5 1 TITLE	Change Addition				
NAME			5.2 NAME	14 -12×10				
STREET ADDRESS			5.3 STREET ADDRESS	(4/))/{ (1/9/2)				
CITY-ST-ZIP			5.4 CITY - S1 - ZIP	1119007				
TITLE		DELETE	6 1 TITLE	7000022058B				
NAME		ı	6.2 NAME	-06/10/9701004023				
STREET ADDRESS			6.3 STREET ADDRESS	***165.00				

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 that the information indicated on this annual report or supplemental annual arcport is frue and accurate and that my signature shall have the same legal effect as if made under eath; 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 13 if changed, or on an attachment with an address.

FILED

May 30 1997 8:00am

Secretary of State