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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000037252**1. Corporation Name

INNOVATIVE FUNDING INC.

111110	•	 _	 101	100	.,,,

APPROVED FILE

99 JAN 19 PH 12: 16

SECRETARY OF STATE TALLAHASSEE, FLORIDA



Principal Place	e of Business	M	ailing Address			_	CONTROL OF THE PARTY SELL SERVE SELL SELLS SELL SELLS			
800 W. CYPRES	ss creek RD.	800	O W. CYPRESS CREEK RE) .						
SUITE 580			ITE 580							
FT. LAUDERDA	LE FL 33309	F1	. LAUDERDALE FL 33309				DO NOT WRITE IN THIS SPACE			
							3. Date Incorporated or Qualified			
							05/11/1995			
	lace of Business		Mailing Address				4. FEI Number Applied For			
21		26					65-0571673 Not Applicable			
Suite, Apt.	#, etc.	<u> </u>	Suite, Apt. #, etc.				5. Certificate of Status Desired S \$8.75 Additional			
22		27				· .	Fee Required			
City & State	e · ·	·	City & State			-	6. Election Campaign Financing \$5.00 May Be			
23		28			_	-	Trust Fund Contribution Added to Fees			
Zip	Country	<u> </u>	Zip	Count	гy		8. This corporation owes the current year Intangible			
24	25	29	;	30			Personal Property Tax.			
	9. Name and Address of Curre	nt Regis	tered Agent		Ξ		10. Name and Address of New Registered Agent			
		- 1	- H5-	8	1	Name				
	rman, steven			-	ᅪ	Ctrop Add	leans (B.O. Bey Number in Not Appetable)			
800	W. Cypress Creek RD.)			Street Acc	eet Address (P.O. Box Number is Not Acceptable)			
SUIT	E 580			8	3					
FT. 1	LAUDERDALE FL 33309			Ĺ	Ĺ					
				8	4	City	FL 85 Zip Code			
11. Pursuant	to the provisions of Sections 607.050	2 and 6	07.1508, Florida Statutes	, the abo	ve	-named con	poration submits this statement for the purpose of changing its registered			
office or r	egistered agent, or both, in the State	of Floric	ia. Such change was aut Section 607 0505, Florid	horized b	y t	he corporati	poration submits this statement for the purpose of changing its registered ion's board of directors. I hereby accept the appointment as registered			
	iii ianimai wini, and accept the obliga	1110113 04	, decapit dor .dood, 1 tots	Ja Olatut						
SIGNATURE	Signature, typed of printed name of registered age	ot and title	if anollouble (NOTE: i	Registered Ac	ent	signature require	ed when reinstaling) DATE			
12.	OFFICERS AN			13.	_		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	Р		☐ DELETE	1,1 TITLE			Change Addition			
NAME	SHERMAN, STEVEN L			1.2 NAME		}				
STREET ADDRESS	4300 S. OCEAN BLVD., SUITE	3		1,000		ADDRESS .	3398 NE 7th Drive Boca Raton, FL 33431			
1	HIGHLAND BEACH FL 33487			1,0 = 1.1		70070200	Bora Roban FL 33431			
CITY-ST-ZIP	TIGHTAIND DEACHT FL 33401		DELETE	1.4 CITY-	_	-ZIP	Change Addition			
TITLE				2.1 TILE						
NAME				2.2 NAME		}				
STREET ADDRESS				2.3 STRE	ΕŢ	ADDRESS	0000027522200			
CITY-ST-ZIP				2.4 CITY	-ST	- ZIP	****122.(2			
TITLE			☐ DELETE	3,1 TITLE		-	☐ Change ☐ Addition			
NAME				3.2 NAM	Ξ	· }	J			
STREET ADDRESS				3.3 STRE	ΕT	ADDRESS				
CITY-ST-ZIP				3.4. CITY		1				
TITLE			☐ DELETE	4.1 TITLE			☐ Change ☐ Addition			
NAME				4. 2 NAM		1				
						400000				
STREET ADDRESS				,		ADDRESS				
dTY-ST-ZIP				4.4 CITY-	_	-ZIP				
MILE			☐ DELETE	5.1 TITLE		{	☐ Change ☐ Addition			
MAME				52 NAME						
STREET ADDRESS					_	ADDRÉSS (
CTTY-ST-ZIP				5.4 CITY		-ZIP				
TITLE	E		DELETE	6.1 TTTLE		1	Change Change Change			
NAME (6.2 NAME	•	ĺ	1 10/×101 1			
1										
STREET ADDRESS				6.3 STRE	ET /	ADDRESS				

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 annual 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 or 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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