## 4-1-98 B 4031 C FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B, Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000047421 (9)

INNOVATIVE NETWORK SOLUTIONS GROUP, INC.

Principal Place of Business Mailing Address
1560 S.W. 120TH TERRACE 1560 S.W. 120TH

## FILED Apr 01 1998 8:00am Secretary of State



1560 S.W. 120TH TERRACE FT. LAUDERDALE FL 33325		1560 S.W. 120TH TERRACE FT. LAUDERDALE FL 33325						
					DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified			
					06/19/1995			
·····	ace of Business	2a. Mailing Address			4. FEI Number	Applied For		
21]		26			65-0589938	Not Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional Fee Required		
City & State		City & State				, o		
Zip	Country Zip		Country		8. This corporation owes or has paid the current ye	ar Intangible		
24	25 29 30		30	Personal Property Tax due June 30. 🔀 Yes 🔲 No				
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent			
MARGENAU, CARL				81 Name				
810		ŀ	82 Strei	rest Address (P.O. Box Number is Not Acceptable)				
MIAMI FL 33143					9130 Sunset Dri			
			- 1	83		1		
			<u> </u>	64 City	Miami FL 85	Zip Code 33173		
11. Pursuant t	o the provisions of Sections 607.05	02 and 607.1508. Florida Statute	es, the ab	ove-name				
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 ag	ent and title if applicable (NOTE	Registered	Agent signal	nature required when reinstating) DATE			
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRE	CTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TIT	LE	CH	ange 🔲 Addition		
NAME	MAGUIRE, JACK F		1.2 NA	ME				
STREET ADDRESS	1560 S.W. 120TH TERRACE	1.3 \$1		REET ADDRES	ESS	Į;		
CITY-ST-ZIP	FT. LAUDERDALE FL 33325		1.4 CIT	Y-ST-ZIP				
TITLE	STD	☐ DELETE 2.1		LE	☐ Ch	nange 🔲 Addition		
NAME	MAGUIRE, PAMELA		2.2 N/					
STREET ADDRESS	1560 S.W. 120TH TERRACE	2.3 S		REET ADDRES	NESS	ļ		
CITY-ST-ZIP	FT. LAUDERDALE FL 33325		2. 4 CITY		د			
TITLE		DELETE	3.1 TiT	LE	Ŭ Ch	nange 🔲 Addition		
NAME			3.2 NAME					
STREET ADDRESS			3.3 STREET ADDRESS		RESS			
CITY - ST - ZIP			3.4. CITY-ST-ZIP					
TITLE		DELETE 4.1 TIT			☐ Ch	nange Addition		
NAME			. 4.2 NA					
STREET ADDRESS				REET ADDRES	1			
CITY-ST-ZIP		- Driege		Y-ST-ZIP				
TITLE	_		5.1 TIT		Cr	nange		
NAME			5.2 NA			į		
STREET ADDRESS				REET ADDRES				
CITY-ST-ZIP		Flority	_	Y-ST-ZIP		2000		
TITLE		☐ DELETE			□ Cr	nange   Addition		
NAME			6.2 NA			•		
STREET ADDRESS				reet addres	<u> </u>			
CITY-ST-ZIP	and About No.	THE ACT FOR THE PARTY OF THE PA	6.4 CIT	Y-ST-ZIP	The state of the s			

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.

SIGNATURE:

Pamela Magnere Pamela Maguire 9542343733

CR2E034 (10/97)