SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/1/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DOCUMEI 1. Corporation Name INNOVATIVE	NT # P950(E MARKETING CONC	00053630 (6) CEPTS, INC.			II BANG BUKA UUK BUKA KULABU IBA
Principal Place of Bu	ısiness	Mailing Address			
17714 WOODVIEW TERRACE BOCA RATON FL 33487		17714 WOODVIEW TERRACE BOCA RATON FL 33487			
BOOM HATOM PL 33	1907	DOCK HATON PE 33487		3. Date Incorporated or Qualified 07/07/1995	3a. Date of Last Report
Principal Place of	f Business	2a. Mailing Address		4. FEI Number	Applied For
1		26		Applied FOR	
Suite, Apt. #. etc.		Suite, Apt #, etc		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country 25	Z(p	Country 30	This corporation has liability for Elorida Statutes	intang ble tar under s. 199 032, Yes No
	Name and Address of Cur			10. Name and Address of New Re	gistered Agent
17714 W	N, ROBERT K /OODVIEW TERRACE ATON FL 33487		81 Name 82 Street Ac 83	dress (P.O. Box Number is Not Acceptable)	
			12"21" """"""		
 office or register 	red agent, or both, in the St	tate of Florida. Such charige was a	lithorized by the corpor	orporation submits this statement for the pration's board of directors. I neceby accept	FL 85 Zip Code urpose of changing its registered the appointment as registered
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6.4.City-St-ZiP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes 1 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 it 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 617, Florida Statutes, and that my name appears in Block 12 or Bhiok 13. Chapter 617 and attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/96 561-24-1868