

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

**PROFIT
CORPORATION
ANNUAL REPORT
1996**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000060303 (1)

1. Corporation Name

INNER ACTIVE OPTIONS, INC.



Principal Place of Business

**9130 WILES ROAD SUITE 180
CORAL SPRINGS FL 33067-1993**

Mailing Address

**9130 WILES ROAD SUITE 180
CORAL SPRINGS FL 33067-1993**

3. Date Incorporated or Qualified

08/04/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GARRETT, DAVID A
9130 WILES ROAD SUITE 180
CORAL SPRINGS FL 33067-1993**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

David A. Garrett

(If the Registered Agent signature is required, please print name)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE
NAME **GARRETT, DAVID A**
STREET ADDRESS **9701 WESTVIEW DR #1412**
CITY-ST-ZIP **CORAL SPRINGS FL 33076-2538**

TITLE **D** ☐ DELETE
NAME **GARRETT, DEBRA L**
STREET ADDRESS **9701 WESTVIEW DR #1412**
CITY-ST-ZIP **CORAL SPRINGS FL 33076-2538**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **D** ☒ Change ☐ Addition
1.2 NAME **Garrett, David A**
1.3 STREET ADDRESS **9130 Wiles Road, Suite 180**
1.4 CITY-ST-ZIP **Coral Springs, FL 33076-2538**

2.1 TITLE **D** ☒ Change ☐ Addition
2.2 NAME **Garrett, Debra L**
2.3 STREET ADDRESS **9130 Wiles Road, Suite 180**
2.4 CITY-ST-ZIP **Coral Springs, FL 33076-2538**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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. 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:

David A. Garrett
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/96
Date

Daytime Phone #

CR2E034 (12/95)