


FILE NOW: FILING FEE AFTER MAY 1 IS \$550

FILED

May 05 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>				FLORIDA DEPARTMENT OF STATE <b>Sandra B. Morth</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P96000000107 (8)</b> 1. Corporation Name <b>INNOVATIVE SOFTWARE SYSTEMS INTERNATIONAL, INC.</b>					
Principal Place of Business <b>478 BALLARD DRIVE MELBOURNE FL 32935</b>		Mailing Address <b>478 BALLARD DRIVE MELBOURNE FL 32935-6849</b>			
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified <b>01/02/1996</b> 3a. Date of Last Report Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent <del>BAUER, BRIAN G</del> <del>478 BALLARD DRIVE</del> <del>MELBOURNE FL 32935</del>			10. Name and Address of New Registered Agent 81 Name <b>GABRIEL, MICHELLE</b> 82 Street Address (P.O. Box Number is Not Acceptable) 83 <b>3150 WINNIPEG COURT</b> 84 City <b>MELBOURNE, FL</b> 85 Zip Code <b>32935</b>		
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 <i>Michelle Gabriel</i> DATE <b>4-15-97</b> <small>Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent's signature required when reinstating.)</small>					
12. OFFICERS AND DIRECTORS TITLE <input checked="" type="checkbox"/> DELETE NAME <del>BAUER, BRIAN SCOTT</del> STREET ADDRESS <del>214 SAN JUAN CIRCLE</del> CITY-ST-ZIP <del>MELBOURNE FL 32935</del> TITLE <input type="checkbox"/> DELETE NAME <del>JAUMOT, MICHELLE</del> STREET ADDRESS <del>3150 WINNIPEG COURT</del> CITY-ST-ZIP <del>MELBOURNE FL 32935</del> TITLE <input type="checkbox"/> DELETE NAME <del>Hansen, Robt. R</del> STREET ADDRESS <del>478 BALLARD DRIVE #5</del> CITY-ST-ZIP <del>MELBOURNE, FL 32935</del> TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME <b>D</b> 1.3 STREET ADDRESS <b>Bauer, Brian Scott</b> 1.4 CITY-ST-ZIP <b>478 BALLARD DRIVE #5</b> 2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME <b>D/P</b> 2.3 STREET ADDRESS <b>GABRIEL, MICHELLE</b> 2.4 CITY-ST-ZIP 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		



CR2E034 (9/96)

14. 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 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: *Michelle Gabriel* DATE: **4-15-97** 407-253-0132