

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

FILED
Apr 13 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000000107 (8)
1. Corporation Name
INNOVATIVE SOFTWARE SYSTEMS INTERNATIONAL, INC.

Principal Place of Business 478 BALLARD DRIVE MELBOURNE FL 32935	Mailing Address 478 BALLARD DRIVE MELBOURNE FL 32935
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 SUITE 5 23 City & State 24 Zip 25 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 SUITE 5 28 City & State 29 Zip 30 Country		3. Date Incorporated or Qualified 01/02/1996 4. FEI Number 59-3349509 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
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9. Name and Address of Current Registered Agent GABRIEL, MICHELLE 3150 WINNIPEG COURT MELBOURNE FL 32935				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code	
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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 Michelle Gabriel (NOTE: Registered Agent signature required when reinstating) DATE 4-7-99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	
NAME	BAUER, BRIAN SCOTT	1.2 NAME	
STREET ADDRESS	478 BALLARD DRIVE #5	1.3 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE FL	1.4 CITY-ST-ZIP	
TITLE	DP	2.1 TITLE	
NAME	GABRIEL, MICHELLE	2.2 NAME	
STREET ADDRESS	3150 WINNIPEG COURT	2.3 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	
NAME	HANSEN, ROBERT R	3.2 NAME	
STREET ADDRESS	478 BALLARD DR #5	3.3 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	GARDNER, RAYMOND
STREET ADDRESS		4.3 STREET ADDRESS	220 CONGRESS PARK DRIVE
CITY-ST-ZIP		4.4 CITY-ST-ZIP	DELRAY BEACH, FL 33445
TITLE		5.1 TITLE	
NAME		5.2 NAME	CURRIE, ROBERT
STREET ADDRESS		5.3 STREET ADDRESS	134 NE 1ST AVE
CITY-ST-ZIP		5.4 CITY-ST-ZIP	DELRAY BEACH, FL 33444
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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: X Michelle Gabriel x4/7/98 407-253-0132

CR2E034 (10/97)