

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

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Feb 28 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000002957 (4)**

1. Corporation Name
COMNET, INC. INNOVATIVE IDEA'S & SOLUTIONS, INC. *2/11/97*

Principal Place of Business 3221 N.W. 10TH TERRACE, SUITE 502 FORT LAUDERDALE FL 33309	Mailing Address 3221 N.W. 10TH TERRACE, SUITE 502 FORT LAUDERDALE FL 33309-5942
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2. Principal Place of Business 1817 Middle River Drive		2a. Mailing Address SAME AS 2		3. Date Incorporated or Qualified 01/03/1996	3a. Date of Last Report
21 Suite, Apt. #, etc. B		26 Suite, Apt. #, etc.		4. FEI Number 65-0644534	Applied For <input type="checkbox"/> Not Applicable
22 City & State FT LAUDERDALE FL		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 Zip 33305		28 Country USA		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24		29		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 MUCCI, MARK S BENSON, MOYLE & CHAMBERS ONE FINANCIAL PLAZA, SUITE 1600 FORT LAUDERDALE FL 33394		10. Name and Address of New Registered Agent 81 Name Douglas Jovanovic 82 Street Address (P.O. Box Number is Not Acceptable) Suite 400 83 888 SE Third ave 84 City FT Lauderdale FL 85 Zip Code 33316	
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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 *[Signature]* **Douglas Jovanovic** *2/17/97*
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D RETFORD, STEVE 3221 N.W. 10TH TERRACE, SUITE 502 FORT LAUDERDALE FL 33309 <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BILODEAU, MIKE 3221 N.W. 10TH TERRACE, SUITE 502 FORT LAUDERDALE FL 33309 <input checked="" type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BERGER, DAVID 3221 N.W. 10TH TERRACE, SUITE 502 FORT LAUDERDALE FL 33309 <input checked="" type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MUCCI, MARK S ONE FINANCIAL PLAZA, SUITE 1600 FORT LAUDERDALE FL 33394 <input checked="" type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *[Signature]* **2/17/97** **954 564 5004**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)