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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P96000045198 (4)

INNOVATIVE ORGANIZATIONAL CONCEPTS INC.

## FILED Apr 28 1997 8:00am Secretary of State



Principal Place of Business 1110 3RD ST S		Mailing Address P.O. BOX 294	P.O. BOX 294		T TOUTION THE TOTAL BIRL BOTH BOTH BOTH BOTH BOTH BOTH BUTTER HAVE TOTAL BUTTER TOTAL BUTTER.			
ST PETERSBUI	RG FL 33701	ST PETERSBURG FL 3373	14294		3. Date Incorporated or Qualified 05/21/1996	3a. Date o	of Last R	eport
2. Principal Flace of Business 21 1/09 FINER AS BAYWAY 36 Suite, Apt. #, etc. 22 TIERAN VELOE, FL 27 City & State			ess		4. FEI Number	Applied For Not Applicable		
Suite, Apt	#_ etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		8.75	Additional
City to State	- Only & State	ty & State		6. Election Campaign Financing	Fee Required \$5.00 May Be			
<u>کہ 3 23</u>	7 / 5 Country	<b>28</b>	Coun	try	Trust Fund Contribution  8. This corporation has liability for i	ntangible tax		to Fees 199 032
24	25	29	30		Florida Statutes	Yes XIN	lo	. 100.002,
	9. Name and Address of Curre	nt Registered Agent		sa ( s.	10. Name and Address of New Re	gistered Age	nt	
BREEDEN, WANDA J				Name				
1110 SRD ST 6- ST DETERSRIPRO EL 22704-				32 Street Add	dress (P.O. Box Number is Not Acceptab	le)	······································	
	PETERSBURG FL 23701 19 PINELLAS BAYU		1	83		<del>,,,</del> , <del>,</del>		
TIERRA VERDE, FL 33715			1	34 City		FL.	5 Zip	Code
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Statut	tes, the abx	ove-named cor	rporation submits this statement for the pation's board of directors. I hereby accept	urpose of cha	anging it	is registered
agent. La	am familiar with, and accept the oblig	gations of, Section 607.0505, Fl	orida Statu	tes.	ation's board of directors, thereby accor	и и в вругот	ment as	10g/stered
SIGNATURE	Signature typed or printed name of registered as	pent and title if applicable (NOT	E: Registered	Agent signature requ	uired when reinslating)	DATE		
12.	OFFICERS AT	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC			
TOLE NAMÉ	WANDA A. BRETAL	N - PRESIDELETE	1.1 TITL 1.2 NAM	l l		Li	Change	Addition
STREET ADORESS	1109 PINELLAS B	AYWAY #301		EET ADDRESS				
CITY-ST-ZIF	TIERRA VERDE, SECRETARY/TREAS	FL 33715	1.4 Cm	(-ST-ZIP				··· publiq******
	SECRETARY/TAEAS	URER DELETE	2.1 TITE			L	Change	Addition
NAME PROCES ADDRESS	WILLIAM T. WO	O COLLAND TALL	2.2 NAN	AE EET ADDRESS				
STREET ADDRESS CITY+S1-7IP	WILLIAM T. WOO HOQ PINELLAS B TIERRA VERSE,	FI 27715	1	Y-ST-ZIP	•			
THUE		DELETE	311170				Change	Addition
NAME			3.2 NAN	1				
STREET ADORESS			1	EET ADDRESS				
CITY-ST-ZIP TITLE		DELETE	3.4. CIT 4.1 TITL	Y-ST-ZIP E			Change	Addition
NAME			4. 2 NA	- 1				
STREET ADDRESS			4.3 STR	EET ADDRESS				
CITY - ST - ZIP				/-ST-ZIP				
TITLE		DELETE	5.1 TITL	-		L	Change	Addition
NAME OTOTOL ANNOUSE			5.2 NAN	1				
STREET ADDRESS				EET ADDRESS /-St-Zip				
TILLE		☐ DELETE	6.1 TITL				Change	Addition
NAME		<del></del>	6.2 NAN	1			-	
STREET ADDRESS			6.3 STR	EET ADDRESS				
CITY - ST - ZIP			6.4 CITY	(-\$1-ZIP				
A A A STAN DOWNERS	the community of the control of the community of the control of th	فالمريب ومستمين والمساور والانتقالات والماف والازار والمرا	e 1			1.6	-10 40 1	KL

4. For 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: WILL AND TYPED OR PRINTED HAME OF SIGNING OFFICER OF DIRECTOR

4/22/97 (813) 864-

time Phone #