

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

FILED
May 08 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P96000081044 (5)
1. Corporation Name

NEW INNOVATIONS OF CENTRAL FLORIDA, INC.



Principal Place of Business

11432 PEACHSTONE COURT
ORLANDO FL 32821

Mailing Address

11432 PEACHSTONE COURT
ORLANDO FL 32821

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/27/1996

4. FEI Number

59-3366643

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing



\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.



Yes



No

2. Principal Place of Business

2a. Mailing Address

21 7800 SOUTHLAND BLVD.

26 7800 SOUTHLAND BLVD.

22 Suite, Apt. #, etc.

22 SUITE 108

27 Suite, Apt. #, etc.

27 SUITE 108

23 City & State

23 ORLANDO, FL

28 City & State

28 ORLANDO, FL

24 Zip

24 32809

Country

25 USA

29 Zip

29 32809

Country

30 USA

9. Name and Address of Current Registered Agent

BORDEN, LINDA
11432 PEACHSTONE COURT
ORLANDO FL 32821

10. Name and Address of New Registered Agent

81 Name

DOROTHY BORDEN

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

6087 PARKVIEW POINTE DR.

83

84 City

ORLANDO

FL

85 Zip Code

32821

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

Linda Borden

Dorothy Borden President 4-30-98

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PSD
NAME BORDEN, LINDA
STREET ADDRESS 11432 PEACHSTONE COURT
CITY-ST-ZIP ORLANDO FL 32821

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P
1.2 NAME BORDEN, DOROTHY
1.3 STREET ADDRESS 6087 PARKVIEW POINTE DR.
1.4 CITY-ST-ZIP ORLANDO, FL 32821

☐ Change

☒ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change

☐ Addition

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

☐ Change

☐ Addition

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

☐ Change

☐ Addition

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

☐ Change

☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change

☐ Addition

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:

Linda Borden

04-30-98 (407) 888-8445

CR2E034 (10/97)