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May 07 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P96000086672 (8)

1. Corporation Name  
INNOVATIVE STORE SERVICES, INC.

Principal Place of Business  
12087 62ND STREET NORTH  
LARGO FL 34643

Mailing Address  
12087 62ND STREET NORTH  
LARGO FL 33773-3709



3. Date Incorporated or Qualified 10/21/1996		3a. Date of Last Report	
4. FEI Number 59-3422623		Applied For Not Applicable	
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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

2. Principal Place of Business		2a. Mailing Address	
21 Suite, Apt. #, etc. UNIT 7	26 Suite, Apt. #, etc. UNIT 7		
22 City & State	27 City & State		
23 Zip 33773	28 Country	29 Zip 33773	30 Country

9. Name and Address of Current Registered Agent WARD, DON 5024 GULFPORT BLVD. SOUTH GULFPORT FL 33707		10. Name and Address of New Registered Agent	
		b1 Name	
		b2 Street Address (P.O. Box Number is Not Acceptable)	
		b3	
		b4 City	
		b5 Zip Code FL	

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALSTEAD, KENNETH	1.2 NAME	HALSTEAD, KENNETH
STREET ADDRESS	12087 62ND STREET NORTH	1.3 STREET ADDRESS	901 PAAK ST.
CITY - ST - ZIP	LARGO FL 34643	1.4 CITY - ST - ZIP	ST. PETERSBURG, FL 33710
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MULENBERG, TERRY	2.2 NAME	MULENBERG, TERRY
STREET ADDRESS	2630 DESOTO WAY SOUTH	2.3 STREET ADDRESS	2325 - 14TH AVE SW
CITY - ST - ZIP	ST PETERSBURG FL 33713	2.4 CITY - ST - ZIP	LARGO FL 33770
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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: TERRY MULENBERG 30AM97 613 530-7093  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)