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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000089751 (7)

INNOVATIVE CONSULTING AND NETWORKING, INC.

Principal Place of Business

Mailing Address

1929 N PINE ISLAND ROAD

1929 N PINE ISLAND ROAD

FILED May 15 1997 8:00am Secretary of State



PLANTATION FL 33322	PLANTATION FL 33322-5203									
						3. Date Incorporated or Qualified 10/31/1996	ad 3a. Date of Last Report			
2. Principal Place of Business	g Address				4. FEI Number			Applied For		
21	26					applied to	7/ <u>~</u>		Not Applicable	
Suite, Apt. #, etc.	Suite, Apt. #, etc.					5. Certificate of Status Desired			75 Additional	
City & State	City & State								e Required	4
23	ı '				Election Campaign Financing Trust Fund Contribution			.00 May Be ded to Fees		
Zip Country	Zip Country							-		
24 25	29		30	,		8. This corporation has liability for intangible tax under s Florida Statutes ▼ Yes No				
9. Name and Address of Curren		gent	1			10. Name and Address of New Re-	gistered /	Agent		1
FISCHLER, MICHAEL A ESQ				81	Name					1
FISCHLER & FRIEDMAN, PA			<u> </u>	82	Street Ad	Address (P.O. Box Number is Not Acceptable)			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	-
116 SOUTHEAST 6TH COURT										
FORT LAUDERDALE FL 33301			[1	83						
			- -	84	City		j j	85	Zip Code	-
					· · · · · · · · · · · · · · · · · · ·		FL	<u>, Ļ</u>		4
 Pursuant to the provisions of Sections 607,050 office or registered agent, or both, in the State agent. I am familiar with, and accept the obligation 	of Florida, Such ations of, Section	s, Florida Statui h change was a on 607.0505, Flo	es, the abi authorized orida Statu	ove by ites	e-namea ca the corpo s.	orporation submits this statement for the parallel ration's board of directors. I hereby accep	urpose of it the app	enangi ointmen	ng its registered it as registered	Ì
SIGNATURE Signature, typod or printed name of registered age	ot and little if applicat	te {NO ³	f Registered	Age	nt signature re	quired when romstaling)	DATE			
12. OFFICERS AND DIRECTORS				13.		ADDITIONS/CHANGES TO OFFIC	ERS AND]{
NAME TOMES HARAM STREET ADDRESS 1/6 SE GYL COLLY	no Pro	DEFELE	117170					Cha	nge 🔲 Addition	Š
NAME III CE C. YL COULY		S. Wisch	1.2 NAN							2
STREET ADDRESS 1/43 C Q	ا آ راک	KUUSICE	1		ADDRESS					١
DITY-ST-ZIP Fort Rauderdale	772 3	<u> </u>	1.4 CIT		T - 7IP			Cha	Adelilian	٦į
Shari Haptua	n Cori	DELETE	2.1 7/11					Chai	nge Addition	1
NAME SIDE THREE	Sheri HARHAN, Secretary			2.2 NAME 2.3 STREET ADDRESS						
STREET ADDRESS //6 SE 64 COZ	116 SE 64 Court Fort fouderdale, fl 3330)									
TITLE FORT FORT	aryth	T DELETE	2.4 CIT 3.1 TITU		11 - ZIP			Chai	noe Addition	1
NAME			3.2 NAM		1					ĺ
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP			3.4. CiT							
TITLE		DELETE	4.1 1111	_				Cha	nge 🔲 Addition	1
NAME			4. 2 NA	ME						
STREET ADDRESS			4.3 S16	KEE1	ADDRESS					Ì
CITY-ST-ZIP			4.4 CI11	Y - \$	1-78P					
TITLE		DELFTE	5.1 TITE	ιE				Cha	nge 🔲 Addition	1
NAME			5.2 NAM	ME						
STREET ADDRESS			5.3 STR	EET	ADDRESS					
CITY-ST-ZIP			5.4 CIT	Y - S	T-ZIP					
TITLE		DELETE	6.1 TITE	LE				Cha	nge 🔲 Addition	
NAME			6.2 NAM	ME						
STREET ADDRESS			63 STR	EET	ADDRESS					
DITY-ST-ZIP			6.4 CIT							_
14 I do hereby certify that the information supplier	s with this filing	doos not quali	by for the c	wa	mistion eta	ted in Section 110 07(3)(i) Florida Statutes	e I furlher	corlify	that the	- 1

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 13 if changed, or on an attachment with an address.