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

FILED
Apr 23 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 # P97000063826 (6)

1. Corporation Name
INNOVATIVE BUILDING SOLUTIONS, INC.

Principal Place of Business
1316 SASSAFRAS AVE
ALTAMONTE SPRINGS FL 32714

Mailing Address
1316 SASSAFRAS AVE
ALTAMONTE SPRINGS FL 32714

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 370 Whooping Loop
Suite, Apt #, etc
22 1142
City & State
23 Altamonte Spgs Fl
Zip 24 32701 Country 25 USA

2a. Mailing Address 370 Whooping Loop
26 Innovative Bldg Solutions
Suite, Apt #, etc.
27 1142
City & State
28 Altamonte Spgs FL
Zip 29 32701 Country 30 USA

3. Date Incorporated or Qualified
08/01/1997

4. FEI Number
59-3460753
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $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

9. Name and Address of Current Registered Agent
VARMA, BOB
1425 WEST SR 434
LONGWOOD FL 32750

10. Name and Address of New Registered Agent
81 Name VARMA & ASSOCIATES
82 Street Address (P.O. Box Number is Not Acceptable)
83 610 CROWN OAK CENTRE DR.
84 City LONGWOOD FL 85 Zip Code 32750

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] DATE 4/6/98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	EARL, STEVE R	
STREET ADDRESS	1316 SASSAFRAS AVE	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	
TITLE	D	☐ DELETE
NAME	EARL, HARRY C	
STREET ADDRESS	1316 SASSAFRAS AVE	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VP	☐ Change ☑ Addition
1.2 NAME	EARL, LANCE	
1.3 STREET ADDRESS	370 Whooping Loop St 1142	
1.4 CITY-ST-ZIP	Altamonte Spgs Fl 32701	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (10/97)

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: [signature] STEVE R EARL PRES 2/2/98 407 339-0330