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

PROFIT CORPORÂTION ANNUAL REPORT

1998

City & State

23

Zip



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000086238 (7)

INNOVATIVE PLANNING ASSOCIATES, INC.

Principal Place of Business Mailing Address 9101 BAYBURY LN 9101 BAYBURY LN WEST PALM BEACH FL 33411 WEST PALM BEACH FL 33411 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/06/1997 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 26 Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired

City & State

 $Z_{\rm ID}$

28

24 25 29 9. Name and Address of Current Registered Agent **BAUM, MARTIN** 9101 BAYBURY LN **WEST PALM BEACH FL 33411**

Country

			1 oo noquii oo					
-10-10-00-		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees					
ountry		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No						
T		10. Name and Address of New Registers	ed Agent					
81	Name							
82	Street Addre	Street Address (P.O. Box Number is Not Acceptable)						
83			 					
84	Cilv		. 85 Zip Code					

FILED

Feb 09 1998 8:00am

Secretary of State

Applied For Not Applicable

\$8.75 Additional

Fee Required

office or a agent. I a	registered agent, or both, in the State of Florida. Such cha am familiar with, and accept the obligations of, Section 607	rige was au 7.0505, Flori	, the above-hamed thorized by the cor da Statutes.	poration's board of directors. Thereby accept the appoi	intment as	registered
SIGNATURE						
40	Signature, typed or posted name of registered agent and title if applicable	(NOIL: F		roquired when reinstating) EATE	DIDECTOR	
12.	OF FICERS AND DIRECTORS	DELETE	13.	ADDITIONS/CHANGES TO OFFICERS AND I		
	/ 1	4 C. 1 C	1.1 1 1 [6	ı L	Change	L Addition
NAME	BAUM, MARTIN		1.2 NAME			
STREET ADDRESS	9101 BAYBURY LN		1.3 STREET ADDRESS			
CITY-ST-ZIP	WEST PALM BEACH FL 33411		1.4 CHY-ST-7IP	•		
TITLE DIS	BANM, ESTELLE	OFFEE	2 1 THILF		Change	Additi
NAME	9011 BAYBURY LANE		2.2 NAME			
STREET ADDRESS	3344		23 STREET ADDRESS			
CITY-ST-ZIP	WEST PRIM DONEH, FL 3241	t	2. 4 CITY - ST - ZIP			
TITLE		ELFTE	3.1 THIE		Change	Addit
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4 CITY-ST-7IP			
TITLE		ELFTE	4.1 TITLE		Change	Additi
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZiP			4.4 CITY - ST - ZIP			
TITLE		ELE IE	5 1 10 LE	<u> </u>	Change	Additio
NAME			5.2 NAME		-	. —
STREET ADDRESS			5.3 STREET ADDRESS	M		
CITY-ST-ZIP			5.4 City - St - 7(P	VW 219/9 8		
TITLE	Пр	ELETE	6.1 1111[~ · · ·	Change	Addilio
NAME			6.2 NAME	40000242481		
STREET ADDRESS			6.3 STREET ADDRESS	-02/09/9801034008	;	
DIRECT ADDRESS			0.5 STREET ADDRESS	***150.00		

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 of 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 atty-time of the corporation of t