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

**PROFIT CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P97000108021 (1)

INNOVATIVE GLOBAL CONCEPTS, INC.

Principal Place of Business Mailing Address

## **FILED** Apr 17 1998 8:00am Secretary of State



280 WEKIVA SPRINGS RD SUITE 106 LONGWOOD FL \$2779		280 WEKIVA SPRINGS F LONGWOOD FL 32779	260 WEKIYA SPRINGS RD., SUITE 106 LONGWOOD FL 32779					
					DO NOT WRITE IN THIS SPA	CE		
					3. Date Incorporated or Qualified 12/24/1997			
2. Principal Pi	ace of Business	2a. Mailing Address			4. FEI Number	Applied For		
21		26			59-3483282	Not Applicable		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	8.75 Additional		
22		27			5. Certificate of Status Desired	Fee Required		
City & State		City & State				\$5.00 May Be		
23		28			Trust Fund Contribution			
Zip	Country	Zφ	Country		8. This corporation owes or has paid the curren	· - ·		
24 25 29 30  9. Name and Address of Current Registered Agent			[30]	Personal Property Tax due June 30. Yes No  10. Name and Address of New Registered Agent				
CORPORATION SERVICE COMPANY					81 Name			
	HPURATION SERVICE COMPA )1 HAYS STREET	WY T			·			
	LAHASSEE FL 32301-2525		6	Street	t Address (P.O. Box Number is Not Acceptable)			
ואו	THUMODEE LE 2520 1-5252		1	13				
			3	14 City	FL <sup>l</sup>	IS Zip Code		
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								
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, typod or printed name of trig stered agen; and title it applicable (NOTE: Registered Agent signature required when reinstating)  DATE								
12.	OFFICERS A	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DI			
TITLE	D	☐ DELETE	1.1 TITE	E		Change		
NAME	GIPSON, CYNTHIA A		1.2 NAN	E	GIPSON, CYNTHIA A			
STREET ADDRESS	101 RIVERVIEW DR.		1.3 STR	ET ADDRESS	(5) 1-05-5			
CITY-ST-ZIP			1.4 CITY	- ST - ZIP	Longwood, FC 327799			
TITLE	☐ DELETE 2.13		2.1 JUL	•	3 ,	Change		
NAME			2.2 NAME					
STREET ADDRESS			2.3 STREET AD		5			
OTTY-6T-ZIP				r-ST-ZIP	<u> </u>	Change Addition		
TITLE	1		3.1 TITU			Change Addition		
NAME			3.2 NAM					
STREET ADDRESS				ET ADDRESS	·			
CITY-ST-ZIP		DELETE	3.4. CIT	r-st-zip		Change Addition		
TITLE						orange nontrols		
NAME OTOGET ADDRESS			4.2 NAM					
STREET ADDRESS				ET ADDRESS				
CITY-ST-ZIP TITLE		DELE <b>TE</b>	5.1 TITL	-ST-ZIP	<del>                                     </del>	Change Addition		
NAME		La beten	5.2 NAM					
STREET ADDRESS				e Et address				
CITY-ST-ZIP TITLE		DELETE	6.1 TITL	- \$7 - ZIP :	П	Change Addition		
NAME			6.2 NAM					
· .				et address		]		
STREET ADDRESS								
CITY-ST-ZIP	artifu that the information cumulical	with this filing does not qualify f	6.4 CITY		ted in Section 119 07/3/(i) Florida Statutes I further certify	that the information		

Indicated on this annual report or supplied with this limit does not quality for the exemption stated in section. In 907(3), Florida Statutes, 1 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 ghanged, or on an attachment with an address.