


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

**FILED**  
**Jun 08, 1999 8:00 am**  
**Secretary of State**

06-08-1999 90001 008 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>P98000000270</u>			
1. Corporation Name <u>Innovative, Inc.</u>			
Principal Place of Business <u>906 N. Pine Hills Rd.</u> <u>Orlando, FL 32808</u>		Mailing Address <u>906 N. Pine Hills Rd.</u> <u>Orlando, FL 32808</u>	
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 21 <u>902 N. Pine Hills Rd</u> Suite, Apt. #, etc.		2a. Mailing Address 26 <u>PMB 321</u> Suite, Apt. #, etc.	
22 <u>Orlando, FL</u> City & State		27 <u>2457-A S. Hiwassee Rd</u> City & State	
23 <u>32808</u> <u>USA</u> Zip Country		28 <u>Metro West, FL</u> City & State	
24 <u>32808</u> <u>USA</u> Zip Country		29 <u>32835</u> <u>USA</u> Zip Country	
3. Date Incorporated or Qualified <u>1/2/98</u>		4. FEI Number <u>59-3484670</u>	
5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$8.75 Additional Fee Required \$5.00 May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent <u>Edward A. Davies</u> <u>5104 Conroy Rd.</u> <u>Orlando, FL 32811</u>		10. Name and Address of New Registered Agent 81 Name <u>R. Edward Seville</u> 82 Street Address (P.O. Box Number is Not Acceptable) <u>902 N. Pine Hills Rd.</u> 83 84 City <u>Orlando</u> <u>FL</u> 85 Zip Code <u>32808</u>	
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 <u>R. Edward Seville</u> Signature, typed or printed name of registered agent and title if applicable.		R. Edward Seville, President (NOTE: Registered Agent signature required when resigning) DATE <u>5/28/99</u>	
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <u>P</u> <input type="checkbox"/> DELETE NAME <u>R. Edward Seville</u> STREET ADDRESS <u>902 N. Pine Hills Rd.</u> CITY-ST-ZIP <u>Orlando, FL 32808</u>		1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	
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, with all other like empowered.			
SIGNATURE: <u>R. Edward Seville</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		R. Edward Seville, President Date <u>5/28/99</u> Daytime Phone # <u>407-926-8113</u>	

CR2E034 (11/98)