May 18, 2000 8:00 am     Sector Name     INNOVATIVE, INC.     Maing Address     Maing Address     Maing Address     Soft N PME	2000	UNIFORM BUSI	NESS REPO	RT	(UB	2)		Г	TT T	חי		
	1. Entity Nam	e		FILED May 18, 2000 8:00 an Secretary of State					00 am ate			
It is the multiplicity in the information supplies and the multiplicity in the information of state in the state of the information of state information o	<u>_</u>											
LANDD FL 13808       ORLANDD FL 13808         Princ pail Place of Business       1         State, Act. 4, etc.       S-Via. Apl. 4, etc.         City & State       Do. NOT WRITE IN THIS SPACE         City & State       Country         S. Country       S. Country												
Principal Place of Rushess       3. Making Address         Suite, Art, #, etc.       Suite, Apt, #, etc.         Obj & State       Obj & State         Our dry       20         Courdry       20         Courdry       State, Applied Tor         Analysis       A FEI Number         State, Applied Tor       Number is Not Applied Tor         DAVES, EDWARD A State, Bot Applied Tor       Number is Not Applied Tor         State, Address, (PO, Box Number is Not Applied Tor       Number is Not Applied Tor         DAVES, EDWARD A State, Bot Number is Not Applied Tor Instructure       State Address (PO, Box Number is Not Applied Tor Instructure         ORATURE       State Address (PO, Box Number is Not Applied Tor Instructure       Chr.         The above named antity submits this statement for the pulpose of changing is registered apent, or both, in the State of Flocks.       Obj Chr.         ONATURE       PLE MOWIN FEE IS 31 50.00       Tot.       Tot.         State Orgen Tor Instructure       Atter MAT 1, 2000 Fee will be State.       Tot.       Addor fore State.         Obin												
Sulta_Act # etc:         Suita_Act # etc:         DO NOT WRITE IN THIS SPACE           City & State         City & State         4. FEI Number 59-3484670         Applied for InterActivities           Zip         Country         Zip         Country         Zip         Country         State_75 Additiont For Reputor           Zip         Country         Zip         Country         Zip         Country         State_75 Additiont For Reputor           Auter Sate Sate Sate Sate Sate Sate Sate Sate											<b>.</b> 	
City & State City	2. Principal P.	lace of Business										
Org Caulta     Org Caulty     Description     Mark Applicable       Zip     Country     Zip     Country     S. Centificate of Status Desired     SE 75 Additional Fee Requiring       Image: Country     Zip     Country     Zip     Country     S. Centificate of Status Desired     SE 75 Additional Fee Requiring       Image: Country     Zip     Country     Zip     Country     The Applicable       DAVIES, EDWARD A 920 X IPME Hull RD ORLANDO FL 32808     Street Address (PO, Box Number is Not Acceptable)     Street Address (PO, Box Number is Not Acceptable)       The above named entity submits this statement for the purpose of changing is registered difter or registered agent, or both, in the State of Prolita.       Image: Country address is the country in the statement for the purpose of changing is registered agent, or both, in the State of Prolita.       Image: Country address is the country in the statement for the purpose of changing is registered agent, or both, in the State of Prolita.       Image: Country address is the country in the statement for the purpose of changing is registered agent, or both, in the State of Prolita.       Image: Country address is the co	Suite, Apt.	#, etc.	Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE					
	City & State	e	City & State			4.	FEI Number	59-3484670	)	<del>_</del>		
DAVIES, EDWARD A gr2, M PINE HILL, RD ORLANDO FL 32808       Name         Street Address (P.O. Box Number is Not Accessible)       City         City       FL       Zip Code         Street Address (P.O. Box Number is Not Accessible)       Date         City       FL       Zip Code         Street Address (P.O. Box Number is Not Accessible)       Date         City       FL       Zip Code         Street Address (P.O. Box Number is Not Accessible)       Date         City       FL       Not Accessible is Not Accessible)         City       FL       Not Accessible is N	Zip	Country	Zip	Cour	itry	5.	Certificate of	Status Desired		\$8.75 Add Fee Require	ditional d	
DAVIES, EDWARD A 902 N NRE HILL RD ORLANDO FL 32808       Steet Address (PC. Box Number is Not Acceptable)         City       FL       Zip Code         Tity       Code City Code       Sign Zip Code         Sign Zip Code       Tity       Zip Code		6. Name and Address of Current Re	gistered Agent		Name	7.	Name and A	ddress of New R	egistered	Agent		
92 A PINE HILL RD ORLANDO FL 32808    City  FL  Zp Code  City FL  Zp Code  City FL  Zp Code  City FL  Zp Code  City FL  Zp Code  City FL  Zp Code  City FL  Zp Code  City FL  Zp Code  City FL  Zp Code  City FL  Zp Code  City FL  Zp Code  City FL  Zp Code  City FL  Zp Code FL												
City     FL     Zip Code       The above named entity submits this statement for the purpose of changing its registered officer or registered agent, or both, in the State of Florida.     International State of Florida.       IGNATURE	902	N PINE HILL RD			Street Address (P.O. Box Number is Not Acceptable)							
The above named entity submits this statement for the purpose of changing is registered aligned or registered agent, or both, in the State of Florida.  IONATURE  Signame space of purpose are of the 2 ageNatable.  IONE State of Florida.  IONE Sta	URLANDU FL 32808				City		Zio Code					
GRATURE       Signal system or permitted registance segme and like 1 applicable       NOTE: hepdatened Agent segme network intertaining)       DME         In this corporation is eligible to satisfy its Intanglobic       After MAY 1, 2000 Fee will be \$\$550.00       In. Election Campaign Financing       \$55.00 May Be         Added to Fees       Added to Fees       In. Election Campaign Financing       \$55.00 May Be         Added to Fees       Make Check Payable to Department of State       In. Election Campaign Financing       \$55.00 May Be         News       SEVILLE, EDWARD R       Intert Audets       Intert Audets       Intert Audets       Intert Audets         902 N PINE HILL, RDS       CHE       Intert Audets       Intert Audets       Intert Audets       Intert Audets       Intert Audets         17: -12P       ORLANDO FL 32808       Intert Audets       Intert Audets       Intert Audets       Intert Audets       Intert Audets         17: -12P       Intert Audets       Intert Audets       Intert Audets       Intert Audets       Intert Audets       Intert Audets         17: -12P       Intert Audets       Intert Audets       Intert Audets       Intert Audets       Intert Audets       Intert Audets         17: -12P       Intert Audets       Intert Audets       Intert Audets       Intert Audets       Intert Audets       Intert Audets		,							•			
Tax fing requirement and elects to do so.       After MAY 1, 2000 Fee will be \$550.00       Thus Fund Contribution       Additor Fees         (See orderia on back)       OFFICERS AND DIRECTORS       12       ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11         The fing requirement and elects to do so.       Inter MAY 1, 2000 Fee will be \$550.00       Make Check Payable to Department of State.       Thus Fund Contribution       Additor Fees         It       OFFICERS AND DIRECTORS       12       ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11       Inter May 1, 2000 Fee will be \$550.00       Addition         Make       SEVILE, EDWARD R       Inter MAY 1, 2000 Fee will be \$550.00       Rest Addition       Addition         Make       SEVILE, EDWARD R       Inter MAY 1, 2000 Fee will be \$550.00       Rest Addition       Addition         Make       Street Address       ORL ANDO FL 32808       Inter May 1, 11       Addition         Met       Street Address       ORL ANDO FL 32808       Inter Address       Addition         Met       Inter Address       ORL ANDO FL 32808       Inter Address       Addition         Met       Inter Address       ORL AND FL 32808       Inter Address       Inter Address         Net       Street Address       ORL AND FL 32808       Inter Address       Inter Address         Net       Str			1				<b></b>					
ILE       P       Intel Delete       Title       Addition         MARE       SEVILLE, EDWARD R       Streter ADDRESS       906 N. Pine Hills @ Addition         Y15-280       ORLANDO FL 32808       Intel NAME       Intel NAME         ILE       Intel Delete       Title       Intel NAME         NAME       Streter ADDRESS       Intel NAME       Intel NAME         ILE       Intel Delete       Title       Intel NAME         NAME       Streter ADDRESS       Intel NAME       Intel NAME         NAME       Intel NAME       Intel NAME       Intel NAME         NAME       Streter ADDRESS       Intel NAME       Intel NAME         NAME       Intel NAME       Streter ADDRESS       Intel NAME         NAME       Intel NAME       Intel NAME       Intel NAME         NAME       Streter ADDRESS       Intel NAME       Intel NAME         NAME       Intel NAME       Intel NAME       Intel NAME         NEE       Intel NAME       Intel NAME	Tax filing r	equirement and elects to do so.	After MAY 1, 2000 Fee will be \$550.			50.00 t of State	Trust Fund Contribution. Added to Fees					
Tr. 51-20P       ORLANDO FL 32808       CITV-ST-20P         Tr. E       Delete       TTLE       Change       Addition         NAME       STREET ADDRESS       CITV-ST-20P       CITV-ST-20P       CITV-ST-20P         TLE       Delete       TTLE       Change       Addition         MAME       STREET ADDRESS       CITV-ST-20P       CITV-ST-20P       CITV-ST-20P         TLE       Delete       TTLE       Change       Addition         MAME       STREET ADDRESS       CITV-ST-20P       CITV-ST-20P       Addition         TLE       Delete       TTLE       Change       Addition         MAME       STREET ADDRESS       CITV-ST-20P       CITV-ST-20P       Addition         TLE       Delete       TTLE       Change       Addition         MAME       STREET ADDRESS       CITV-ST-20P       CITV-ST-20P       CITV-ST-20P         TLE       Delete       TTLE       Change       Addition         MME       STREET ADDRESS       CITV-ST-20P       CITV-ST-20P       CITV-ST-20P         TLE       Delete       TTLE       Change       Addition         MME       STREET ADDRESS       CITV-ST-20P       CITV-ST-20P       CITV-ST-20P	11. NU 5			_	F		DDITIONS/C	HANGES TO OFF	ICERS ANI			
MAKE   REET ADDRESS   ITV-ST-ZP   TLE   MAKE   MAKE   MAKE   MAKE   STREET ADDRESS   CITV-ST-ZP	NAME STREET ADDRESS CITY-ST-ZIP	SEVILLE, EDWARD R 902 N PINE HILL RDS		NAM STR	e Eet address	906 N.	Pine H	ills Rd.		<u>,</u>	Addition	
RRET ADDRESS       STRET ADDRESS         I'Y-ST-ZIP       Delete         TLE       NAME         RET ADDRESS       STRET ADDRESS         I'Y-ST-ZIP       Change         Addition         NAME         RET ADDRESS         I'Y-ST-ZIP         Clivy-ST-ZIP	TITLE		Delete						* <b></b>	Change	Addition	
TLE       Delete       TTLE       Change       Addition         MAE       STREET ADDRESS       CITY-ST-ZP       Change       Addition         TLE       Delete       TTLE       Change       Addition         REET ADDRESS       CITY-ST-ZP       Change       Addition         REET ADDRESS       STREET ADDRESS       CITY-ST-ZP       Change       Addition         REET ADDRESS       STREET ADDRESS       CITY-ST-ZP       Change       Addition         REET ADDRESS       STREET ADDRESS       CITY-ST-ZP       Change       Addition         REET ADDRESS       Delele       TTLE       Change       Addition         MAE       STREET ADDRESS       CITY-ST-ZP       Change       Addition         REET ADDRESS       CITY-ST-ZP       CITY-ST-ZP       CHange       Addition         REET ADDRESS       CITY-ST-ZP       CITY-ST-ZP       CITY-ST-ZP       CITY-ST-ZP         REET ADDRESS       CITY-ST-ZP       CITY-ST-ZP       CITY-ST-ZP       CITY-ST-ZP       CITY-ST-ZP         STREET ADDRESS       CITY-ST-ZP       CITY-ST-ZP       CITY-ST-ZP       CITY-ST-ZP       CITY-ST-ZP         STREET ADDRESS       CITY-ST-ZP       CITY-ST-ZP       CITY-ST-ZP       CITY-ST-ZP	STREET ADDRESS			STR	EET ADDRESS							
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TILE       Delete       TTTLE       Change       Addition         MME       STREET ADDRESS       STREET ADDRESS       CITY-ST-ZIP       Change       Addition         TILE       Delete       TTTLE       NAME       STREET ADDRESS       CITY-ST-ZIP       Change       Addition         MAE       Delete       TTTLE       Integration       Change       Addition         MAE       Delete       TTTLE       Change       Addition         MAE       Delete       TTTLE       Change       Addition         MAE       STREET ADDRESS       CITY-ST-ZIP       Change       Addition         TY-ST-ZIP       Delete       TTTLE       Change       Addition         MAE       STREET ADDRESS       CITY-ST-ZIP       Change       Addition         REET ADDRESS       CITY-ST-ZIP       CITY-ST-ZIP       Change       Addition         STREET ADDRESS       CITY-ST-ZIP       CITY-ST-ZIP       Change <td>STREET ADDRESS</td> <td></td> <td></td> <td>STR</td> <td>et address</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	STREET ADDRESS			STR	et address							
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THE       Delete       TITLE       Change       Addition         MME       NAME       STREET ADDRESS       GTY-ST-ZIP       Change       Addition         TLE       Delete       TITLE       Change       Addition         MME       STREET ADDRESS       CITY-ST-ZIP       Change       Addition         3. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.	NAME STREET ADDRESS				-						Í	
AME       NAME         BREET ADDRESS       STREET ADDRESS         TY-ST-ZIP       CITY-ST-ZIP         TLE       Delete         MME       NAME         IREET ADDRESS       CITY-ST-ZIP         TLE       Delete         TREET ADDRESS       TITLE         IREET ADDRESS       STREET ADDRESS         IREET ADDRESS       STREET ADDRESS         CITY-ST-ZIP       STREET ADDRESS         STREET ADDRESS       CITY-ST-ZIP         3. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.	CITY-ST-ZIP									Change	Addition	
TY-ST-ZIP       CITY-ST-ZIP         TILE       Delete         MME       NAME         IREET ADDRESS       STREET ADDRESS         ITY-ST-ZIP       CITY-ST-ZIP         3. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.	NAME			NAN	IE		300					
AME IREET ADDRESS ITY-ST-ZIP 3. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.	STREET ADDRESS											
INFECT ADDRESS       STREET ADDRESS         CITY-ST-ZIP       CITY-ST-ZIP         3. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.	TTLE		Delete							Change	Addition	
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SIGNATURE: Oblight BRISeille Bobert E. Seville Pres 4/28/2000	indicated of the cor	on this report or supplemental report is tr poration or the receiver or trustee empow	ue and accurate and that me ered to execute this report.	iv siana	iture shall h	ave the same	e legal effect a	as if made under (	Dath: that I	am an oilicei	rorairector	
		Allos Ares	3 Seille	Robe	ort I	<u>Ξ. Sp</u> .	ille	Pres.	4/28	1/2000	,	