

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S77666

(3)

1. Corporation Name
INNOVATUS, INC.



Principal Place of Business

Mailing Address

13311 NORTH ROME AVENUE
TAMPA FL 33612

13311 NORTH ROME AVENUE
TAMPA FL 33612

3. Date Incorporated or Qualified
09/03/1991

3a. Date of Last Report
08/10/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip Country

29 Zip Country

4. FEI Number
59-3086898

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROCHA, RICHARD M.
120 HYDE PARK PLACE
SUITE 120
TAMPA FL 33606

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 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 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 typed or printed name of registered agent and the applicable

(NOTE: Registered Agent Signature required when terminating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME HENDERSON, JOSEPH NEIL
STREET ADDRESS 13311 N. ROME AVENUE
CITY-ST-ZIP TAMPA FL ☐ DELETE

1.1 TITLE SAME
1.2 NAME
1.3 STREET ADDRESS 3607 Gardenia
1.4 CITY-ST-ZIP TAMPA, FL 33629 ☒ Change ☐ Addition

TITLE VTS
NAME HENDERSON, COLLEEN C.
STREET ADDRESS 13311 N. ROME AVENUE
CITY-ST-ZIP TAMPA FL ☐ DELETE

2.1 TITLE SAME
2.2 NAME
2.3 STREET ADDRESS 3607 Gardenia
2.4 CITY-ST-ZIP TAMPA, FL 33629 ☒ Change ☐ Addition

TITLE D
NAME HENDERSON, COLLEEN C.
STREET ADDRESS 13311 N. ROME AVENUE
CITY-ST-ZIP TAMPA FL ☐ DELETE

3.1 TITLE SAME
3.2 NAME
3.3 STREET ADDRESS 3607 Gardenia
3.4 CITY-ST-ZIP TAMPA, FL 33629 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Colleen C. Henderson

DIRECTOR

5-1-96 (813) 287-8335

CR2E034 (12/95)