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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **S83552** **(7)**

1. Corporation Name

INNOVATIVE SOFTWARE DESIGNERS, INC.

Principal Place of Business	Mailing Address
2001 PAN AM CR., SUITE 105 TAMPA FL 33607	2001 PAN AM CR., SUITE 105 TAMPA FL 33607

3. Date Incorporated or Qualified: 09/27/1991
3a. Date of Last Report: 02/22/1995

2. Principal Place of Business
21: 1101 W. Kennedy Blvd
22: Suite, Apt. #, etc.:
23: City & State: TAMPA FL
24: Zip: 33606 Country: 25:

2a. Mailing Address
26: 1101 W. Kennedy Blvd
27: Suite, Apt. #, etc.:
28: City & State: TAMPA FL
29: Zip: 33606 Country: 30:

4. FEI Number: 59-3095395 ☐ 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

VANOVER, SCOTT PEERCE
2001 PAN AM CIRCLE, SUITE 105
TAMPA FL 33607

10. Name and Address of New Registered Agent

81 Name: SCOTT PEERCE VANOVER
82 Street Address (P.O. Box Number is Not Acceptable): 1101 W. KENNEDY BLVD
83:
84 City: TAMPA FL 85 Zip Code: 33606

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: Scott P. VANOVER 5-15-96
Signature, typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D VANOVER, SCOTT PEERCE 2001 PAN AM CR., #105 TAMPA FL	☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	SCOTT PEERCE VANOVER 1101 W. KENNEDY BLVD TAMPA FL 33606	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D VANOVER, KEITH PATRICK 2001 PAN AM CR., #105 TAMPA FL	☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	KEITH PATRICK VANOVER 1101 W. KENNEDY BLVD TAMPA FL 33606	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (12/95)

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 added in an accompanying with an address

SIGNATURE: 5-15-96 8132545515
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Scott Vanover