

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90108 034 ***150.00

DOCUMENT # V15597

1. Corporation Name

INNOVATIVE CONSULTING, INC.

Principal Place of Business

23315 WATER CIRCLE
BOCA RATON FL 33486

Mailing Address

1255 W. PALMETTO PARK RD
SUITE 181
BOCA RATON FL 33486-8540
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/20/1992

4. FEI Number

65-0318065

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 owes the current year Intangible
Personal Property Tax.

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

CHARBONNEAU, DONALD J.
23315 WATER CIRCLE
BOCA RATON FL 33486

10. Name and Address of New Registered Agent

81 Name

CHARBONNEAU, DONALD J.

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

16325 78th ROAD NORTH

83

84 City

LOXAHATCHEE

FL

85 Zip Code

33470

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PTDS ☐ DELETE

NAME CHARBONNEAU, DONALD J.

STREET ADDRESS 23315 WATER CIRCLE

CITY-ST-ZIP BOCA RATON FL

TITLE VPD ☐ DELETE

NAME LEMIEUX, ROBERT W.

STREET ADDRESS 3511 CORAL SPRINGS DRIVE

CITY-ST-ZIP CORAL SPRINGS FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

PTDS

☒ Change

☐ Addition

1.2 NAME

CHARBONNEAU, DONALD J.

1.3 STREET ADDRESS

16325 78th ROAD NORTH

1.4 CITY-ST-ZIP

LOXAHATCHEE, FL 33470

2.1 TITLE

VPD

☒ Change

☐ Addition

2.2 NAME

LEMIEUX, ROBERT W.

2.3 STREET ADDRESS

4287 CORAL SPRINGS DRIVE

2.4 CITY-ST-ZIP

CORAL SPRINGS, FL 33065

3.1 TITLE

☐ Change

☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change

☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change

☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change

☐ 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:

Donald J. Charbonneau
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-99

Date

(954) 571-9254

Daytime Phone #

CR2E034 (11/98)

0562280