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

CORPORATION **ANNUAL REPORT** 

**1996** 



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

**DOCUMENT #** 1. Corporation Name

(4)

INNOVATIONS INTERNATIONAL, INC.

Principal Place of Business Mailing Address

3111 N.E. 22ND STREET

「東京衛子を破る」を大きのは、大きのでは、

「東京」とは、「大学」とは、「大学」とは、「大学」とは、「大学」というない。「大学」とは、「大学」とは、「大学」というない。「大学」というない。「大学」というない。「大学」というない。「大学」というない

3111 N.E. 22ND STREET



97 MAR 28 AM II: 14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FT. LAUDERDALE FL		FT. LAUDERDALE FL					
				,, <del></del>	Date Incorporated or Qualified     03/02/1992	3a. Date of L 03/03	ast Report <b>/1995</b>
2. Principal Pla	ice of Business	2a. Mailing Address			4. FEI Number		Applied For
21		26			NOT APPLICABLE		Not Applicable
Suite, Apt. #	, etc.	Suite, Apt. #, etc. 27			5. Certificate of Status Desired	1 1 '	3.75 Additional Fee Required
City & State		City & State			6. Election Campaign Financing Trust Fund Contribution		5.00 May Be Added to Fees
Ζlp	Country Zip Country		/	8. This corporation has liability for intangible tax under s. 199,032,			
24	[25]	25   29   30     Name and Address of Current Registered Agent			Florida Statutes Yes No		
	9. Name and Address of Curren	t Registered Agent	81	Name	10. Name and Address of New R	egistered Ager	<u></u>
<b>A.</b>			01	}			•
	G\$, JOHN W., JR.		82 Street Add		ddress (P.O. Box Number is Not Acceptable)		
	E. 22ND STREET		83	ļ			
FI. LAUL	DERDALE FL 33305			<u></u> _			
•			64	Crty		FL 85	Zip Code
11. Pursuant to	the provisions of Sections 607.0502	and 607.1508. Florida Statute	es, the above-	lnamed corpore	ation submits this statement for the pur	pose of changing	its registered office
or registere	ed agent, or both, in the State of Floric h, and accept the obligations of, Section	la. Such change was authorze	ed by the corp	ooration's boar	d of directors. Thereby accept the appo	pintment as régis	tered agent. I am
SIGNATURE _			57 (				
12.	Signature, typed or printed name of registered agout a OFFICERS AND		13.	ut signature required	ADDITIONS/CHANGES TO OFF	DATE CERS AND DIBL	CLORS IN 12
TITLE	D	DELETE	1.1101.6	. ,	7,55,10,10,10,10,10,10,10,10,10,10,10,10,10,	[_] Ch	
NAME	CUMMINGS, JOHN W., JR	<del></del>	1.2 NAME			<del></del> .	
STREET ADDRESS	3111 N.E. 22ND STREET		1.3 STREE	ADDRESS			
CITY-ST-ZIP	FT. LAUDERDALE FL		1.4 CITY-5	ST-74P			***
TITLE		☐ DELET€	2. 1 TITLE		<b>500002</b> -04/01.		ange 🔲 Addilliön
NAME	•		2.2 NAME		-04/01,	797	16109 
STREET ADDRESS			2.3 S1REE1	ADDRESS	*******	Մ.ՄՄ 🤲	***200.00
CITY-ST-ZIP			2.4 C(1Y-	S1 - 71P			
TITLE		☐ DELETE	3. 1 TOLE			☐ Ch	ange 🔲 Addition
NAME			3.2 NAME				
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP		C D DECEN	3.4 CITY - S	ST - ZIP		D Ch	anno D Addition
TITLE		DECETE	4. 1 TITEE			☐ Ch	ange 🔲 Addition
NAME CINCET ADDRESS			4.2 NAME	r ADMOLOG			
STREET ADDRESS			4.3 STREET				
CITY-ST-ZIP TITLE		DELE 1E	4.4 C(TY - 5	51 - 20'		Ch.	ange [] Addition
NAME J			5.2 NAME				
STREET ADDRESS			5.3 STREET	L ADDRESS	1		
CITY-ST-ZIP			5.6 GPY-5		a dia	W	
TALE A		DELETE	6 1 HHF		1	Ch	ange Addition
NAME		_	6.2 NAME		2)	2011	7 -
STREET ADDRESS			6.3 STREET	ADDRESS	$\sim$	1017	ľ
CITY-ST-ZIP			6.4 CHY-S	l l	r	ı	

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 certify 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 one an attachment with an address.

SIGNATURE!

LAME OF PHINING OFFICER OF DIRECTOR CLUMMINGS PRES