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Apr 21 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **V41724** (8)
1. Corporation Name
INNOVATIVE SYSTEMS AND TECHNOLOGIES CORPORATION



Principal Place of Business

**4915 W CYPRESS
SUITE 110
TAMPA FL 33607
US**

Mailing Address

**4915 W CYPRESS
SUITE 110
TAMPA FL 33607-3601
US**

3. Date Incorporated or Qualified 06/04/1992	3a. Date of Last Report 04/15/1996
4. FEI Number 59-3128534	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

**SOKOL, STEVEN J
4915 W CYPRESS ST SUITE 110
TAMPA FL 33607**

10. Name and Address of New Registered Agent

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	KLEINER, MARTIN H.	
STREET ADDRESS	8406 FLAGSTONE DR.	
CITY - ST - ZIP	TAMPA FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	WILSON, KEVIN T.	
STREET ADDRESS	610 LIGHTSEY LANE	
CITY - ST - ZIP	LUTZ FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	EMERICK, JAMES P.	
STREET ADDRESS	12532 CASTLE HILL DR.	
CITY - ST - ZIP	TAMPA FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	WOLFINGTON, JAY R.	
STREET ADDRESS	610 LIGHTSEY LANE	
CITY - ST - ZIP	LUTZ FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	SOKOL, STEVEN J	
STREET ADDRESS	4915 W CYPRESS ST SUITE 110	
CITY - ST - ZIP	TAMPA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	4915 W. CYPRESS ST STE 110
3.4 CITY - ST - ZIP	TAMPA, FL 33607
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	4915 W. CYPRESS ST. STE 110
4.4 CITY - ST - ZIP	TAMPA FL 33607
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do 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 amendment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)