

FILE NOW: FILING FEE AFTER MAY 1 IS \$550

FILED

May 02 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mott Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **V47013** (0)

1. Corporation Name
INNOVATIVE FLOW SYSTEMS, INCORPORATED

Principal Place of Business
**1808 COLTON DRIVE
ORLANDO FL 32822**

Mailing Address
**1808 COLTON DR
PO BOX 72050
ORLANDO FL 32822-5808
US**



2. Principal Place of Business	2a. Mailing Address
21 1018 PALOS VERDE DR	26 1018 PALOS VERDE DR
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27 PO BOX 72050
City & State	City & State
23 ORLANDO Florida	28 ORLANDO FL
Zip	Zip
24 32825	29 32825
Country	Country
25 ORANGE	30 ORANGE

3. Date Incorporated or Qualified 06/25/1992	3a. Date of Last Report 03/05/1996
4. FEI Number 59-3131366	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 type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**WYLIE, JOHN F
1808 COLTON DRIVE
ORLANDO FL 32822**

10. Name and Address of New Registered Agent

1. Name WYLIE John F.
2. Street Address (P.O. Box Number is Not Acceptable) 1018 PALOS VERDE DR
3. City ORLANDO
4. State FL
5. Zip Code 32825

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the re-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 signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	WYLIE, JOHN F	
STREET ADDRESS	1808 COLTON DR.	
CITY- ST- ZIP	ORLANDO FL	
TITLE	VST	<input checked="" type="checkbox"/> DELETE
NAME	MCMURRAY, DAVID	
STREET ADDRESS	S. GOLDENROD RD	
CITY- ST- ZIP	ORLANDO FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1	PRES.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2	WYLIE, John F.	
1.3.1 ADDRESS	1018 PALOS VERDE DR	
1.4.5T- ZIP	ORLANDO Florida 32825	
2.1	VST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2	McMurray, David	
2.3.1 ADDRESS	4623 S. Goldenrod Rd	
2- ST- ZIP	ORLANDO FL 32822	
3		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1		
3.2 ADDRESS		
3- ST- ZIP		
4		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1		
4.2 ADDRESS		
4- ST- ZIP		
5		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1		
5.2 ADDRESS		
5- ST- ZIP		
6		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1		
6.2 ADDRESS		
6- ST- ZIP		

14. I do hereby certify that the information supplied with this filing does not qualify for 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 file 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-97 407-380-1846

Date

Daytime Phone

0097006

CR2E034 (9/96)