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PROFIT CORPORATION ANNUAL REPORT 1996



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

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96 DEC -9 AM 10:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # **H85447 (1)**

1. Corporation Name
INNOVATIVE SHIPPING SYSTEMS, INC.

REINSTATEMENT *96*

Principal Place of Business 1549 STATE STREET SARASOTA FL 34236 US	Mailing Address 1549 STATE STREET SARASOTA FL 34236 US
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3. Date Incorporated or Qualified 11/15/1985	3a. Date of Last Report 03/24/1995
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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	4. FBI Number 59-2317459 Applied For Not Applicable	5. Certificate of Status Desired <input checked="" 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
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9. Name and Address of Current Registered Agent O'BRIEN, VINCENT A ESQUIRE 12909 N. 56TH ST., #102 TAMPA FL 33617		10. Name and Address of New Registered Agent 81 Name O'BRIEN, Vincent A. Esquire 82 Street Address (P.O. Box Number is Not Acceptable) 19651 BRUCE B. DOWNS Blvd. 83 Suite E6-3 84 City TAMPA FL 85 Zip Code 33647		
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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 *Vincent A. O'Brien* **VINCENT A. O'BRIEN Esquire** 12/6/96
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	CD SNYDER, GEORGE E 1549 STATE ST. SARASOTA FL <input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KRUEGER, JEFFREY A 1549 STATE ST. SARASOTA FL <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	400002025824 <input type="checkbox"/> Change <input type="checkbox"/> Addition -12/11/96--01023--010 ****383.75 ****383.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVD COLE, KENNETH R 1549 STATE ST. SARASOTA FL <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	CD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition COLE, KENNETH R 1549 STATE ST. SARASOTA, FL 34236
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SEWELL, JACK B. 4242 HIGEL AVE. SARASOTA FL <input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORGAN, DANIEL L 1549 STATE ST. SARASOTA FL <input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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)(b), 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 in an amendment with an address.

SIGNATURE: *Jeffrey A. Krueger* **President** 12/6/96 941-366-1000
Signature, typed or printed name of signing officer or director Daytime Phone #

CR2E034 (12/95)