

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

FILED

**Apr 14 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 198776 (7)
1. Corporation Name
THE IDLEWYLD CORPORATION, INC.



Principal Place of Business 862 AZALEA LN P.O. BOX 1117 VERO BEACH FL 32961-1117 US	Mailing Address 862 AZALEA LN P.O. BOX 1117 VERO BEACH FL 32961-1117 US
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3. Date Incorporated or Qualified 01/02/1957	3a. Date of Last Report 03/14/1996
2. Principal Place of Business 21. Suite, Apt #, etc. 22. City & State 23. Zip Country	2a. Mailing Address 26. Suite, Apt #, etc. 27. City & State 28. Zip Country
4. FEI Number 59-1961234	Applied For 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
24. Zip Country	25. Zip Country
29. Zip Country	30. Zip Country
6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent COLLINS, BROWN & CALDWELL 758 BEACHLAND BOULEVARD VERO BEACH FL 32963	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
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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 _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD OUGHTRED, G.F.	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	862 AZALEA LN VERO BEACH FL	1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	STD OUGHTRED, WE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	862 AZALEA LN VERO BCH FL	2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	VD RATHBUN, RONALD L.	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	862 AZALEA LN VERO BEACH FL	3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	D OUGHTRED, R W	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	862 AZALEA LN VERO BCH FL	4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 13 or Block 13 if changed, or in an attachment with an address.

SIGNATURE: *Ronald L. Rathbun* **RONALD L. RATHBUN** 4/8/97 861-251-5728
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)