

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

**APPROVED  
AND  
FILED**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Linda B. Norton  
Secretary of State  
CORPORATE DIVISION

20 MAY - 1 AM 11: 08

**DOCUMENT # 493323 (0)**  
DONALD S. HARDEN, D.M.D., P.A.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Name of Business: **3825 OAKWATER CIRCLE ORLANDO FL 32806**  
Mailing Address: **3825 OAKWATER CIRCLE ORLANDO FL 32806**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Quarter	3a. Date of Last Report
21	State, Apt. #, etc.	26	State, Apt. #, etc.	01/01/1976	03/31/1994
22. City & State		27. City & State		4. FEI Number	Applied For
23	City	28	City	59-1635439	Not Applicable
24	Zip	29	Zip	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
25	Country	30	Country	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 § 199, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>HARDEN, DONALD S. 3825 OAKWATER CIRCLE ORLANDO FL 32806</b>				81. Name			
				82. Street Address (P.O. Box Number is Not Acceptable)			
				83.			
				84. City			

11. Pursuant to the provisions of Sections 607.0502 and 607.1504, 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: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
101. NAME	PD HARDEN, DONALD S. 3825 OAKWATER CR ORLANDO FL	11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
102. STREET ADDRESS		12. NAME	
103. CITY, ST, ZIP		13. STREET ADDRESS	
104. TITLE	D COE, HAROLD I. 4150 CURRY FORD RD. ORLANDO FL	14. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
105. NAME		15. TITLE	
106. STREET ADDRESS		16. NAME	
107. CITY, ST, ZIP		17. STREET ADDRESS	
108. TITLE	SD HARDEN, DAVID L. 3825 OAKWATER CR ORLANDO FL	18. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
109. NAME		19. TITLE	
110. STREET ADDRESS		20. NAME	
111. CITY, ST, ZIP		21. STREET ADDRESS	
112. TITLE		22. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
113. NAME		23. TITLE	
114. STREET ADDRESS		24. NAME	
115. CITY, ST, ZIP		25. STREET ADDRESS	
116. TITLE		26. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
117. NAME		27. TITLE	
118. STREET ADDRESS		28. NAME	
119. CITY, ST, ZIP		29. STREET ADDRESS	
120. TITLE		30. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 139.02(6)(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 on an attachment with an address.

SIGNATURE: *Donald S. Harden*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-95  
407-826-5305

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FLORIDA DEPARTMENT OF STATE  
Linda P. Matham  
Secretary of State  
Tallahassee, Florida

APPROVED  
97 MAY 1 1995  
SECRETARY OF STATE

DOCUMENT # **494825** (3)

1. Corporation Name  
**IDEAL CORPORATION**

Principal Place of Business  
**1143 W. FLAGLER ST.  
MIAMI FL 33130**

Mainly Address  
**1143 W. FLAGLER ST.  
MIAMI FL 33130**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>04/08/1976</b>	3a. Date of Last Report <b>04/27/1994</b>
4. FET Number <b>59-1684041</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has a duly authorized manager for under § 603.01 Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
22	27
23	28
24	29
30	

9. Name and Address of Current Registered Agent <b>RODRIGUEZ, SIMON 1143 W. FLAGLER ST. MIAMI FL</b>	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code
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11. Pursuant to the provisions of Sections 607.0802 and 607.1501, 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, thereby accept the appointment as registered agent. I am a duly authorized officer of the corporation of Section 607.01 Florida Statutes.

SIGNATURE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. IDENTIFYING CHANGES TO OFFICERS AND DIRECTORS	
1. NAME PD <b>RODRIGUEZ, BERNARDINO</b> 1851 S.W. 95TH CT. MIAMI FL		1. NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
2. NAME SD <b>RODRIGUEZ, MARTHA</b> 1851 S.W. 95TH CT. MIAMI FL		2. NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
3. NAME		3. NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
4. NAME		4. NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
5. NAME		5. NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
6. NAME		6. NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	

14. I, the undersigned, hereby certify that the information furnished in this filing is substantially true and correct and complies with the requirements of Section 607.01(2)(b), Florida Statutes. I further certify that the information included in this report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made in person. 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 1, of Block 11 if required, or in an attached block, or address.

SIGNATURE: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**Bernardino Rodriguez**