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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

		·····	
DOCUMENT	# F9500	00002209	(3

1. Corporation IDLEWIL	D ENTERPRISES, INC.	(0)		 	
Principal Plac	e of Business	Mailing Address			<u> </u>
366 GROSVENOR STREET 366 GROSVENOR STR DOUGLASTON NY 11363 DOUGLASTON NY 113					
				3. Date incorporated or Qualified 05/05/1995	d 3a. Date of Last Report 04/19/1996
2. Principal E	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt	# 64.	Suite, Apt. #, etc.		59-3310451	Not Applicable
Soite, Apt. 22	#, 610	27)		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Sta	to	City & State	······································	6. Election Campaign Financing	\$5.00 May Be
23		28	T 6	Trust Fund Contribution	Added to Fees
Zip (24)	Country 25	Ζφ 29	Country 30	8. This corporation has liability for Florida Statutes	or intangible tax under s. 199.032, ☐ Yes ☐ No
24	9. Name and Address of Curre		1301	10. Name and Address of New	
CRO	omer, richard		81 Name		
13920 LAKE MARY JANE ROAD			82 Street Add	lress (P.O. Box Number is Not Accep-	lable)
ORI	LANDO FL 32832		63		
			84 City		FL 85 Zip Code
11. Pursuant office or agent 14	to the provisions of Sections 607.05 registerer agent, or both, in the Station farmular with, and accept the oblument of the both of the state of th	romen	les, the above-named cor authorized by the corpora orida Statutes. 11. Registered Agent signature requ		e purpose of changing its registered cept the appointment as registored
12.		ND DIRECTORS	13,		FICERS AND DIRECTORS IN 12
THEF	PVC	☐ DELETE	11 TITLE		☐ Change ☐ Addition
NAME	CROMER, RICHARD	4 D	1.2 NAME		
STREET ADDRESS	13920 LAKE MARY JANE RO ORLANDO FL 32832	AU	1.3 STREET ADDRESS		
C TY+S) Ziff	SC SC	DELETE	1.4 CITY - ST - ZIP 2 1 TITLE	·· <u>····························</u> ········	Change Addition
NAME	CROMER, JESSE		22 NAME		
STREET ADDRESS	366 GROSVENOR STREET		2.3 STREE1 ADDRESS) w:
CH4 - 21 - 20'	DOUGLASTON NY 11363	LT be Etc	2 4 CITY-ST-ZIP		
NAM:		DELETE	3.1 TITLE 3.2 NAME		Change Addition
STREET ADDRESS			3.3 STREET ADDRESS		
DHY-S1-Z#:			3.4. CITY - ST - ZIP		
TOLE		DELETE	4.1 TIELE		Change Addition
NAME			4. 2 NAME		
STREET ADDACTS			43 STREET ADDRESS		
CITY SI-ZIP TiTL€		DELETE	4.4 C/TY - ST - ZIP 5.1 TITLE		Change Addition
NAME			5 2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIF	ļ <u></u>	Dr. sts	5.4 CITY-ST-2IP		1 00
1001		DELETE	61 TITLE		Change Addition
NAME			6.2 NAME		

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 inclicated on this annual report or suppliemental 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 is changed, or on an attachment with an address.

SIGNATURE:

COMMAND COMMAND OF SIGNING OFFICER OF DIRECTOR

4-12-97 (718)397008

FILED

Apr 22 1997 8:00am

Secretary of State

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