

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

FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90171 029 ***150.00

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| PROFIT CORPORATION ANNUAL REPORT 1999 | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # P92000009593 *OK*

1. Corporation Name
I.D.A. CORPORATION

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| Principal Place of Business 34 Star Island Miami Beach, FL 33139 | Mailing Address 34 Star Island Miami Beach, FL 33139 |
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DO NOT WRITE IN THIS SPACE

| | | | | | |
|---|--|--|--|---|--|
| 2. Principal Place of Business 21 912 Hialeah Street | | 2a. Mailing Address 28 912 Hialeah Street | | 3. Date Incorporated or Qualified 12/2/92 | |
| 22 Suite, Apt. #, etc. | | 27 Suite, Apt. #, etc. | | 4. FEI Number 65-0371535 | |
| 23 City & State Rockledge, FL | | 28 City & State Rockledge, FL | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 24 Zip Country 32955 U.S.A. | | 29 Zip Country 32955 U.S.A. | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| | | | | 8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

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|--|--|--|--|--|--|--|--|
| 9. Name and Address of Current Registered Agent Marvin A. Kirsner 222 Lakeview Avenue Suite 1000 W. Palm Beach, FL 33401 | | | | 10. Name and Address of New Registered Agent 81 Name Marvin A. Kirsner 82 Street Address (P.O. Box Number is Not Acceptable) c/o Greenberg Traurig, P.A. 83 2255 Glades Road, Suite 419A 84 City Boca Raton FL 85 Zip Code 33431 | | | |
|--|--|--|--|--|--|--|--|

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 *Marvin A. Kirsner* DATE 4/13/99
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|--|---|--|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | Director and President <input type="checkbox"/> DELETE Hyman A. Kirsner 34 Star Island Miami Beach, FL 33139 | 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP | Director, Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Hyman A. Kirsner 34 Star Island Miami Beach, FL 33139 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | Director and V.P. <input type="checkbox"/> DELETE Ida Kirsner 34 Star Island Miami Beach, FL 33139 | 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP | Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Ida Kirsner 34 Star Island Miami Beach, FL 33139 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> DELETE | 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP | Director, Pres., Secy., Treas. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Steven Kirsner 912 Hialeah Street Rockledge, FL 32955 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> DELETE | 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP | Director, Asst. Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Marvin A. Kirsner 5868 Hamilton Way Boca Raton, FL 33496 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <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 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Marvin A. Kirsner* Marvin A. Kirsner, Director 4/13/99 (561) 912-3930
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)