

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

FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90070 007 ***158.75

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P95000048660

1. Corporation Name
IDEA GENERATION INC.



Principal Place of Business
 8369 SW CR 313
 TRENTON FL 32693
 US

Mailing Address
 8369 SW CR 313
 TRENTON FL 32693
 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 21 Suite, Apt. #, etc.
 22 **502 N.W. 75th St Suite 409**
 23 **Gainesville FL**
 24 **32607-1799** 25 **USA**

2a. Mailing Address
 26 Suite, Apt. #, etc.
 27 **502 N.W. 75th St, Suite 409**
 28 **Gainesville, FL**
 29 **32607-1799** 30 **USA**

3. Date Incorporated or Qualified
06/19/1995

4. FEI Number
59-3360662

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent
BEVERLY, PHIL C JR.
912 NE 2 ST
GAINESVILLE FL 32601

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

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 _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	TRINITY, S.	
STREET ADDRESS	8369 SW CR 313	
CITY-ST-ZIP	TRENTON FL 32693	
TITLE	V	<input type="checkbox"/> DELETE
NAME	EVERTT, PAULA	
STREET ADDRESS	8369 SW CR 313	
CITY-ST-ZIP	TRENTON FL 32693	
TITLE	ST	<input checked="" type="checkbox"/> DELETE
NAME	INFINITA, ROMANO	
STREET ADDRESS	8369 SW CR 313	
CITY-ST-ZIP	TRENTON FL 32693	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	S. Trinity	
1.3 STREET ADDRESS	502 N.W. 75th St. Suite 409	
1.4 CITY-ST-ZIP	Gainesville FL 32607-1799	
2.1 TITLE	PAULA EVERETT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	PAULA EVERETT	
2.3 STREET ADDRESS	502 N.W. 75th St Suite 409	
2.4 CITY-ST-ZIP	Gainesville, FL 32607-1799	
3.1 TITLE	ST	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	JAMIE HART	
3.3 STREET ADDRESS	502 N.W. 75th St. Suite 409	
3.4 CITY-ST-ZIP	Gainesville, FL 32607-1799	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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: *[Signature]* SIGNATURE: **JAMIE HART** 4/15/99 352-472-5774
 Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (11/98)