**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # F98000001528

## **FILED** Feb 23, 1999 8:00 am Secretary of State

02-23-1999 90083 030 \*\*\*150.00

IDOM, INC.						
Principal Place of Business	Mailing Address					
1 GATEWAY CENTER. 3RD FL 1 GATEWAY CENTER. 3RD NEWARK NJ 07102 NEWARK NJ 07102		FL		DO NOT WRITE IN TH	S SPACE	
				3. Date Incorporated or Qualifed		
				03/18/1998		
2. Principal Place of Business	2a. Mailing Address			4. FEI Number	Apj	plied For
21	26			22-3172804	No	t Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	\$8.75 A	
22	27			5. Certificate of otatics besites	Fee Re	<u>`</u> ——
City & State	City & State			6. Election Campaign Financing	\$5.00	
23	28			Trust Fund Contribution	Added to	o Fees
Zip Country	Zip	Country	•	8. This corporation owes the current year i		□No
24 25		30	<del></del>	Personal Property Tax.  10. Name and Address of New Registere		<del></del>
9. Name and Address of Curr	ent Registered Agent	81	Name	10. Name and Address of New Registere	u Agent	
CORRORATION SERVICE COMMAN	IV.	[81	Name			
CORPORATION SERVICE COMPAN	ıt	82	Street Add	ress (P.O. Box Number is Not Acceptable)		[
1201 HAYS STREET		-				
TALLAHASSEE FL 32301-2525		83				
		84	City	F	85 Zip C	Code
11. Pursuant to the provisions of Sections 607.0			<u> </u>			ragistarad
			the comorati	ion's board of directors. I hereby accept the app	iointment as reg	gisterea
agent. I am familiar with, and accept the obli	gations of, Section 607.0505, Froi	iga Statutes	<b>.</b>			
agent. I am familiar with, and accept the oblining SIGNATURE  Signature, typed or printed name of registered a	gations of, Section 607.0505, Froi	Registered Ager	<b>.</b>	ad when reinstating) DATE		
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14. I hereby certify that the information supplied with this filling 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-end 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 proof 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 impowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF