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

PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F95000005949 (1)

INNOVATIVE DATA CONCEPTS, INC.

FILED Feb 18 1998 8:00am Secretary of State

Principal Place of Business Mailing Address						
4640 S.E. 14	2ND PLACE	4640 9	4640 S.E. 142ND PLACE			
SUMMERFIE	LD FL 34491	SUMM	SUMMERFIELD FL 34491			DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualified
						12/06/1995
2. Principal F	Place of Business	2a. Mait	ing Address			4. FEI Number Applied For
21 26			26			61-1287813 Not Applicable
Suite, Apt.	#, etc.	Suite	Suite, Apt. #, etc.			5. Certificate of Status Desired S8.75 Additional
22	 	27	27 City & State			Fee Required
City & Stel	e u	—	28			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip Country			Zip Country			8. This corporation owes or has paid the current year intangible
24	25 29		1	30		Personal Property Tax due June 30. Yes No
9. Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent
B/	VUSO, DAMIAN J CPA			81	Name	
24 CATHEDRAL PLACE				62	Street A	Address (P.O. Box Number is Not Acceptable)
SUITE 200						<u> </u>
ST	. AUGUSTINE FL 3208	4		83		
				84	City	85 Zip Code
11. Pursuant	to the provisions of Sectio	ns 607.0502 and 607.15	08. Florida Statutes	s, the above	o-named o	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	Signature, typed or printed name of	registered agent and little if applic	able (NOTE:	Registered Age	nt signature r	required when reinstating) DATE
12.		ICERS AND DIRECTOR		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P		☐ DELETE	1.1 TITLE	1	Change Addition
NAME	THOMAS, JAMES N			1.2 NAME		
STREET ADDRESS	4640 SE 142ND PL		1.3 STREET ADDRESS		address	
CITY-ST-ZIP	SUMMERFIELD FL :	34491	Distre	1.4 CITY - S	T-ZiP	
TITLE	S NATIFOLIA	ME)	DELETE	2.1 TITLE	i	Change Addition
THOMAS, KATHERINE L			2.2 NAME			
STREET ADDRESS 4640 SE 142ND PLACE			2.3 STREET ADDRESS		1	
CITY - ST - ZIP	SUMMERFIELD FL	34491	DELETE	2. 4 CITY - S	T-ZIP	☐ Change ☐ Addition
TITLE			ے محدداد	3.1 TITLE 3.2 NAME		
NAME CIDICI ADDRESS					ADDRESS	
STREET ADDRESS				3.3 STREET	- }	
CITY-ST-ZIP TITLE			DELETE	3.4. CITY-S 4.1 TITLE	1-217	Change Addition
NAME				4. 2 NAME	ľ	
STREET ADDRESS				4.3 STREET	ADDRESS	
CITY-ST-ZIP				4.4 CITY-S1	1	
TITLE			DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			_	5.2 NAME	1	
STREET ADDRESS				5.3 STREET	ADDRESS	
CITY-ST-ZIP				5.4 CITY-ST		
TITLE			DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME				6.2 NAME]	· -
STREET ADDRESS				6.3 STREET	ADDRESS	
				1	- 1	

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.

FOR 11 1998 (252) 202-1422