


FILED

Oct 07 1998 8:00am  
Secretary of State

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1998</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # F96000000624 (4)</b> <b>1. Corporation Name</b> <b>INNOVATIVE DESIGN IDEAS, INC.</b>			
<b>Principal Place of Business</b> 442 W VAN BUREN ST HYMAN MYERS INDUSTRIAL PARK TALLAHASSEE FL 32301		<b>Mailing Address</b> P.O BOX 38459 TALLAHASSEE FL 32315	
<b>2. Principal Place of Business</b> 21 1628 MABRY STREET Suite, Apt. #, etc. 22 City & State 23 TALLAHASSEE, FL Zip 24 32304 Country 25		<b>2a. Mailing Address</b> 26 P.O. Box 91087 Suite, Apt. #, etc. 27 City & State 28 ATLANTA, GA Zip 29 31119-1087 Country 30 USA	
<b>3. Name and Address of Current Registered Agent</b> LEVISON, LISA T 442 W VAN BUREN ST HYMAN MYERS INDUSTRIAL PARK TALLAHASSEE FL 32301			
<b>11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation is an office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation or its agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.</b>			
<b>SIGNATURE</b> Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required)			
<b>12. OFFICERS AND DIRECTORS</b>			
TITLE	POEO	<input type="checkbox"/> DELETE	
NAME	LEVISON, LISA TURNER		
STREET ADDRESS	1704 8TH STREET		
CITY-ST-ZIP	CHAMBLEE GA 30341		
TITLE	VOFO	<input type="checkbox"/> DELETE	
NAME	JERVEY, PATRICIA M		
STREET ADDRESS	1628 MABRY STREET		
CITY-ST-ZIP	TALLAHASSEE FL 32304		
TITLE	S	<input checked="" type="checkbox"/> DELETE	
NAME	ECKARD, MARIA		
STREET ADDRESS	3081 BAYSHORE DRIVE		
CITY-ST-ZIP	TALLAHASSEE FL 32308		
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
<b>13.</b>			
1.1 TITLE			
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE			
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE			
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE			
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE			
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE			
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			
<b>14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 607.0105, Florida Statutes, and that the information is true and accurate and that my signature is that of an officer or director of the corporation or the receiver or trustee empowered to execute this report as required in Block 12 or Block 13 if changed, or on an attachment with an address.</b>			
<b>SIGNATURE:</b> E. J. Turner, M. J. Turner, CPA			



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>02/07/1996</b>	
4. FEI Number <b>59-3224021</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
10. Name and Address of New Registered Agent	
T. LEVISON P.O. Box Number is Not Acceptable) MABRY STREET	
A HASSEE FL	85 Zip Code 32304

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinslating)

DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PCEO</b> <b>LEVISON, LISA TURNER</b> <b>1704 8TH STREET</b> <b>CHAMBLEE GA 30341</b> <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VOFO</b> <b>JERVEY, PATRICIA M</b> <b>1628 MABRY STREET</b> <b>TALLAHASSEE FL 32304</b> <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>ECKARD, MARIA</b> <b>3061 BAYSHORE DRIVE</b> <b>TALLAHASSEE FL 32308</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.

SIGNATURE: E. J. M. M. M. CPA

9/30/98 850 386 5555

CR2E034 (5/98)