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

**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # F97000001795

INTERNATIONAL DESIGN & ENGINEERING ASSOCIATES CO RP.

	<u> </u>											
Principal Place of Business Mailing Address							1 7001100 1112 15111 150	.,			27 2711 7001	
409 E. OSCEOL	A ST. SUITE E	PO BOX	PO BOX 2860									
STUART FL 34994			STUART FL 34995					DO NOT WRITE IN THIS SPACE				
		US					3.	Date Incorporated or (	Qualifed	_		
								04/07/1997				
2. Principal P	ace of Business	2a. Mai	2a. Mailing Address				4.	FEI Number			Appli	ied For
21		26	<del></del>					NOT APPLICABL	E		Not /	Applicable
Suite, Apt.	#, etc.		Suite, Apt. #, etc.						~~	\$8.7	' <b>5</b> Ad	ditional
22		27	27				5.	5. Certificate of Status Desired Fee Required				
City & Stat	e	City	City & State				6.	6. Election Campaign Financing \$5.00 May Be				
23		28	28					Trust Fund Contribution Added to Fees				
Zip	Country	Zip		Cou	intry		8.	. This corporation owes	the current year Int			_
24	25	29		30				Personal Property Tax		☐ Yes		No
	9. Name and Address of Cur	rent Registered	l Agent			T	10.	. Name and Address of	f New Registered	Agent		
	EE MOONINEWON MICOLE				81	Name						
	FE-WISCHNEWSKI, NICOLE				82	Street	Address (P	P.O. Box Number is Not	Acceptable)			
	E. OSCEOLA ST. SUITE E					<u> </u>						
510/	ART FL 34994				83	•			•			
					84	City				85	Zip Co	de
					<u> </u>	<u></u>			FL	<u> </u>		
11. Pursuant office or ragent. I a	to the provisions of Sections 607. egistered agent, or both, in the St m familiar with, and accept the ob	0502 and 607.15 ate of Florida. Si ligations of, Sec	i08, Florida Statu uch change was tion 607.0505, Fl	utes, the a authorized lorida Stat	bove d by utes	e-named the corpo i.	corporation oration's bo	oard of directors. I here	by accept the appo	intment a	y its re is regis	stered
SIGNATURE	•											
SIGNATURE	Signature, typed or printed name of registered					nt signature re	required when r		DATE	ID DIDE	OTOB	0.01.40
12.		AND DIRECTO		13.			<del></del>	ADDITIONS/CHANGES	TO OFFICERS AF			
TITLE	P		DELETE	1.1 11						Char	ige	☐ Addition
NAME	WOLFE-WISCHNEWSKI, NIC	OLE		1.2 N			İ			•		
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CITY-ST-ZIP	STUART FL 34994				ITY-S	T-ZIP	-			☐ Cha		Addition
TITLE			☐ DELETE	2.1 Ti	n.e					Cila	ige	☐ Addition
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NAME				62 N		T 4 DDDCCCC	1					
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C/TY-ST-Z/P 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.

6.4 CITY-ST-ZIP

SIGNATURE:

FILED Apr 13, 1999 8:00 am Secretary of State

04-13-1999 90017 003 \*\*\*150.00