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

PROFIT CORPORATION ANNUAL REPORT

1998



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # H86314

(2)

IDS RESEARCH AND DEVELOPMENT, INC.

FILED Feb 05 1998 8:00am Secretary of State

|--|--|--|--|--|--|--|--|--|--|--|--|--|

Principal Plac	ce of Business	Mailing Address	Mailing Address			
% LAYNE VEREBAY 190 N.E. 199TH ST., SUITE 204 NORTH MIAMI FL 33179		% Layne Verebay Te 204 190 N.E. 1997H St Suite 204 North Miami Fl. 33179				DO NOT WRITE IN THIS SPACE
1001117 1001101 12 00110						3. Date Incorporated or Qualified
						11/20/1985
2. Principal F	Place of Business	2a. Mailing Address	. h	<u></u>		4. FEI Number Applied For
21		26				65-0218787 Not Applicable
Suite, Apt.	#. etc.	Suite, Apt. #, etc.	· · · · · · · · · · · · · · · · · · ·		· -	S8 75 Additional
22		27				5. Certificate of Status Desired Fee Required
City & Stat	te	City & State				6. Election Campaign Financing \$5.00 May Be
23		28				Trust Fund Contribution
Zîp	Country	Zip	<u></u>	untry	•	8. This corporation owes or has paid the current year Intangible
24	25	29	30			Personal Property Tax due June 30. 🔲 Yes 🔀 No
	Name and Address of Current	Registered Agent		二		10. Name and Address of New Registered Agent
VF	REBAY, LAYNE			81	Name	
	O N.E. 199TH STREET			82	Stroot Add	Iress (P.O. Box Number is Not Acceptable)
	JITE 204			02	Street Add	ilides (1.10, box radifibet le radi Addeptable)
	ORTH MIAMI BEACH FL 33179			83		
140	DATT MIRINI DEAGLE LE 33178					
			84	City	FL 85 Zip Code	
11 Purculant	to the providing of Sections 607 0503	and 607 1508 Florida Stat	utes the a	hove	a-named core	poration submits this statement for the purpose of changing its registered
l office or r	registered agent, or both, in the State of	of Florida. Such change was	s authorize	d by	the corpora	tion's board of directors. I hereby accept the appointment as registered
agent.la	m familiar with, and accept the obligat	tions of, Section 607.0505, I	Florida Sta	tutes	3.	
SIGNATURE						ired when reinstating?
12.	Signature, typed or printed name of registered agen OFFICERS AND		13.	d Age	nt signature requ	ired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P OFFICERS AND	DELETE	1.1 T	m c		Change Addition
	•					Solution 2 manager
NAME	ZWIRN, JEFFREY D.		1.2 N			SUITE 204
Street Address	190 NE 199 ST S204		3		ADDRESS	27179 718 (005
CITY-ST-ZIP	N. MIAMI BEACH FL			ITY-S	T- ZIP	33179- ZIP GOE
TITLE		☐ DELETE	2.1 TJ		ĺ	Change Addition
NAME			2.2 N	AME	1	
STREET ADDRESS			2.3 \$	TREET.	ADDRESS	
CITY-ST-ZIP			2.40	ITY-S	T-ZIP	
TITLE		☐ DELETE	3.1 Ti	TLE		Change Addition
NAME ;			3.2 N	AME	1	
STREET ADDRESS			335	REET.	ADDRESS	
City-ST-ZiP			1	ΠY-S	1	
TITLE		DELETE	4.1 TJ			☐ Change ☐ Addition
NAME			4.21			
					ADODECC	
STREET ADDRESS					ADDRESS	
CITY - ST - ZIP		Dr. mer		TY-SI	- ZIP	[] (h
TITLE		☐ DELETE	5.1 TI		1	Change Addition
			B	44.45	- 1	

6.4 CITY-ST-ZIP 14. Thereby 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.

5 3 STREET ADDRESS

6 3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

DELETE

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

NAME

PRESIDENT

☐ Change

Addition