## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

1996			DIVISION OF CORPORATIONS							
DOCUME 1. Corporation Nan	ne	98072	(8)							
IDEAL SOF										
Principal Place of Bu	usiness	Ma	iling Address				111   #   111   12   12   1			)
2803 W. BUSCH BL	LVD.		03 W. BUSCH BLVD							
SUITE 201 TAMPA FL 33618			JITE 201 IMPA FL 33618							
US		US	3			3. Date incorporated c	Applied For Not Applicable Status Desired [] \$8.75 Additional Fee Required Companying Financing [] \$5.00 May Be Added to Fees Desired [] \$5.00 May Be Added to Fees Desired De			
2. Principal Place o	f Business	2a.	Mailing Address			4. FEI Number		1		
21		26		mana a		59-2848738				
Suite, Apt. #. etc	2.		Suite, Apt. #, etc.			5. Certificate of Status	Desired	[]		
City & State		27	City & State			6. Election Campaign	Einanging			·
23		28				Trust Fund Contribu	ition		Added	to Fees
Zip	Country	` ⊢–լ	Zip	Country		8. This corporation hat Florida Statutes	s liability for it	ntangible tax ED No.	unders 1	199.032,
9.	25 Name and Addre	29 ss of Current Regist	ered Agent	30					gent	
				81	Name					
RAAB, LANCE				82	Street Addre	ess (P.O. Box Number is N	lot Acceptab	e)		
	GE GLEN CIRCLE			83						
TAMPA FL 33	3624			<b>i</b>					~~~	
				84	City			FL.	85 Zip	Code
11. Pursuant to the	provisions of Section	ons 607.0502 and 607 State of Florida, Such	.1508, Florida Statute	es, the all	named corpora	ation submits this statement	nt for the pur	pose of char	nging its re	gistered office
familiar with, an	id accept the obligation	tions of, Section 607.0	505, Florida Statutes	ed by the	хланов в возп	g of directors. Thereby box	50pt 610 bj.450	Z. II. 110. II. 0.0	Og. NO. Da	
SIGNATURE	re: Pured or northed page 6	of registered agent and title if a	unionable. (NE	oli: Begissen Sge	of Superfuse Respired	Lwie menstatius		DATE		
12.		FFICERS AND DIREC		13			GES TO OFF			
TITLE			□ DELETE	1 1 _F					] Change	■ Addition
	AAB, LANCE J 1625 VILLAGE GL	EN CIDOLE		1.23 C/E						
	MPA FL 33624	EN OINOLE			LADORESS ST-ZIP					
TITLE			DELFTE	2 1 LF	Y:-1"				] Change	Addition
NAME				2.2 AE						
STREET ADORESS					1 ADDRESS					
CITY-ST-ZIP TITLE	· • • • • • • • • • • • • • • • • • • •		DELETE	3 LE	ST-ZIF				] Change	Addition
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CITY-ST-7IP				4.	\$1-2iF				7 Change	F1 Addition
TITLE			DELETE	5 i f	ļ.			L	_ Change	[_] Addition
NAME STREET ADDRESS				5	1 ADDRESS					
CITY-ST-7:P					ST ZIP					
TILE			DELETE	6:				[	] Change	Addition
NAME CARREL ADDRESS				6.	L LEDDICE:					
STREET ADDRESS CITY-ST-ZIP				6	ST Ziff					
14. I do hereby cert	ify that the informat	ion supplied with this f	iling is voluntarily furn	ished a	es not qualify t	for the exemption stated in	Section 119	.07(3)(k), Flo	rida Statut	es. I further
certify that the in oath; that I am a	nformation indicated an officer or directo	on this annual report of the corporation	or supplemental ann t <b>h</b> e receiver or truster	ual repo e empo	our and securi	ato and that my clanature !	รทาน ทลงก เทย	· Same lecial	CILCIAN I	made under
appears in Block	k 12 or Block 13/if	bhanged, or on ar atta	nment with an add	ess		0 -	ر ایمار .	•	112 0	~4kh
SIGNATUR	re: _ ( /)\/	MUO TIK	W	L	nce 1	· Kano	אַנוּצּיון	9 Ç	713,13	7 AAB
	SIGNATURE	E AND TYPED <b>DRI</b> PRINTED I	TAMÉ OF SIGNING OFFICE	R OR DI	l .	[1	die:	ι	ayon s Phone	-