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

**PROFIT CORPORATION ANNUAL REPORT** 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K94912

(8)

IDEAL DEVELOPMENT COMPANY OF CENTRAL FLORIDA, IN

Principal Place of Business Mailing Address 37705 QUAIL RIDGE CT LEESBURG FL 32788 1152 OAK POINT OR APOPKA FL 32712-3727

**FILED** Jun 24 1997 8:00am Secretary of State



US		US				
				<ol> <li>Date Incorporated or Qualified 06/13/1989</li> </ol>	3a. Date of Last Report 06/25/1996	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For	
21		26		59-2953688	Not Applicable	
Sulte, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired Section 1 Section 1 Section 2 Sec		
City & State		City & State				
<b>⊢</b> ′		28		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country	Zip	T Country .	8. This corporation has liability for i		
24	25	29	30		Yes No	
<u> </u>	9. Name and Address of Current	_ 1 = - 1	1901	10. Name and Address of New Re		
WAI	LL, DAVID W.	<u> </u>	81 Name	81 Name		
	2 OAK POINT CIRCLE		00 01 01	THOUT NAME IN	<b>*</b> • • • • • • • • • • • • • • • • • • •	
	DPKA FL 32712		82 Street A	odress (P.O. Rox Number is Not Acceptable RIVER BEND	BLJB	
""	THE SELLE		83	TOO KINGK DOM		
				and an overlated states to the state of the		
			84 City	snewood	FL   85   Zip Code   32779	
11. Pursuant	to the provisions of Sections 607.0502	and 607 1508, Florida Statu	iles, the above-named c	corporation submits this statement for the poration's board of directors. I hereby accep	urpose of changing its registered	
agent. I a	m <b>fam</b> iliar with, and accept the obliga	tions of, Section 607.0505, F	lorida Statutes.	oralion's board of directors. Thereby accep	t the appointment as registered	
SIGNATURE	Signature, typed or printed name of registered ages	A and title if applicable (NO	TE: Registered Agent signature re	oon irud when reinslataus)	DATE	
12,	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFIC		
TITLE	PD	DELETE	1.1 TITLE		Change Addition	
NAME	WALL, DAVID W.		1.2 NAME		<del>-</del>	
STREET ADDRESS	1152 OAKPOINT CIRCLE		1.3 STREET ADDRESS			
CITY-ST-ZIP	APOPKA FL 32712		1.4 CITY - ST - ZIP			
TITLE	D	☐ DELETE	2.1 TITLE		Change Addition	
NAME	WALL, JOHN W.		2.2 NAME			
STREET ADDRESS	<b>\$03 SWEETWATER CLUB CIR</b>		2.3 STREET ADDRESS			
	LONGWOOD EL		2. 4 CITY - ST - ZIP			
TITLE	CEO	DELETE	3.1 TITLE		Change Addition	
NAME	WALL, JOHN W.	•	3.2 NAME			
STREET ADDRESS	303 SWEETWATER CLUB CIR.		3.3 STREET ADDRESS			
CITY-ST-ZIP	LONGWOOD FL		3.4. CITY - \$1 - ZIP			
TALE	VD	☐ DELLETE	4.1 1/1LE		☐ Change ☐ Addition	
NAME	Feldbush, Don		4, 2 NAME			
STREET ADDRESS	2201 MILL PINE DR		4.3 STREET ADDRESS			
CITY-ST-ZIP	RALEIGH NC		4.4 CITY - ST - 2(P			
TITLE	80	☐ DELETE	5.1 TiTLE		☐ Change ☐ Addition	
NAME	FELDBUSH, LARRY		5.2 NAME			
STREET ADDRESS	3595 CHARLWOOD DR		5.3 STREET ADDRESS			
CITY-ST-ZIP	ROCHESTER MI		5.4 CITY - ST - 7(P			
TITLE		☐ DELETE	6.1 TITLE		Change Addition	
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-ST-ZIP			6.4 CITY - ST - 7/P			

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 his 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 of the corporation or the receiver or trustee empoyered to execute this report as required by Chapter 607, Florida Statutes; and that my name lock 13 if changed or on an attachment with an address. information indicated on I am an officer or directo appears in Block 12 of