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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STAT

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998

DOCUMENT # L09579

(8)

INNOVATIVE DESIGN EXTERIOR ARCHITECTURAL SALES, INC.

Principal Place of Business

WILLIAM H. RICHARDSON
1510 WINDWARD LANE
NEPTUNE BCH. FL 32266
US

Mailing Address

% WILLIAM H. RICHARDSON 1510 WINDWARD LANE NEPTUNE BCH. FL 32266 18 FILED
May 01 1998 8:00am
Secretary of State



DO NOT WRITE IN THIS SPACE

US		US	010 - 4 4444			3. Date Incorporated or Qualified 08/14/1989			
2. Principal Place of Business		28. Mailing Ad	2s. Mailing Address			4. FEI Number		Applied For	
21		26				59-2968762		Not Applicable	
Suite, Apt. #	, etc.	Suite, Apt				5. Certificate of Status Desired S8.75 Additional Fee Required			
City & State		28				6. Election Campalgn Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
Zip 24	Country 25	Zip 29	30	Country	y		Yes	Intangible  No	
	9. Name and Address of Curr	ent Registered Ager	nt			10. Name and Address of New Registered	J Agent		
RICHARDSON, WILLIAM H. 1510 WINDWARD LANE NEPTUNE BEACH FL 32266					81 Name 82 Street Address (P.O. Box Number is Not Acceptable)				
					83				
				84	<u> </u>	FI	85 Zi	p Code	
SIGNATURE _	grature typed or printed name of registered	doon				orporation submits this statement for the purpose ation's board of directors. I hereby accept the appropriate the appropriate of the purpose accept the appropriate of the purpose of the	pointment	as registered	
12.		AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTO	ORS IN 12	
TITLE	P		DELETE	1.1 TITLE			Change		
NAME	RICHARDSON, WILLIAM			1.2 NAME	ł				
STREET ADDRESS	1510 WINDWARD LANE				T ADDRESS				
CITY-S1-ZIP	NEPTUNNE BCH. FL			1.4 CITY-	ST-ZIP				
TITLE			DELETE	2.1 TITLE	-		☐ Change	e 🔲 Addition	
HAME				2.2 NAME					
STREET ADDRESS				2.3 STREE	ADDRESS				
CITY-ST-ZIP				2.4 CITY-	ST-ZIP				
TITLE			DELETE	3 1 TITLE			☐ Change	e	
NAME				3.2 NAME	İ				
STREET ADDRESS				3.3 STAEE	T ADDRESS				
CITY-ST-ZIP				3.4. CITY-	ST-ZIP				
IIITE		LJ	DELETE	4.1 TITLE	-		Change	e Addition	
NAME				4. 2 NAME					
STREET ADDRESS				4.3 STREE	ADORESS				
CITY-ST-ZIP				4.4 CITY-5	ST-ZIP			<del></del>	
TITLE		LJ	DELETE	5.1 TITLE	1		Change	e Addition	
NAME				5.2 NAME					
STREET ADDRESS				5.3 STAEE	T ADDRESS				
CITY - ST - ZIP				5.4 CITY - 1	ST-ZIP				
TITLE		L	DELETE	6.1 TITLE	]		L Change	e	
NAME				6.2 NAME	į				
STREET ADDRESS				6.3 STREE	T ADDRESS				
CITY-ST-ZIP				6.4 CITY-5	ST-ZIP				

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: Walcohardon

4/20/98 904-246-6888