

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **M41574** (8)

1. Corporation Name
I.D.B., INC.



Principal Place of Business

Mailing Address

C/O GRAPHICS INK
1550 W. 84TH ST., STE. 21
HALEAH FL 33014
US

C/O GRAPHICS INK
1550 W. 84TH ST., STE. 21
HALEAH FL 33014
US

2. Principal Place of Business

2a. Mailing Address

21 **GRAPHICS INK**

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BYRNES, DAVID J.
1550 WEST 84TH ST.
STE. 21
HALEAH FL 33014

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and the corporation

Signature, typed or printed name of registered agent and the corporation

4/20/96
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE

☐ Change ☐ Addition

NAME **P**
BYRNES, DAVID J.
STREET ADDRESS **9558 SW 59 ST.**
CITY-STATE-ZIP **MIAMI FL**

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP

TITLE ☐ DELETE

2.1 TITLE

☐ Change ☐ Addition

NAME **V**
BYRNES, I. MARGOT
STREET ADDRESS **9558 SW 59 ST.**
CITY-STATE-ZIP **MIAMI FL**

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

TITLE ☐ DELETE

3.1 TITLE

☒ Change ☐ Addition

NAME **T**
BYRNES, SCOTT D
STREET ADDRESS **1089 WYNGATE DRIVE S.W.**
CITY-STATE-ZIP **MARIETTA GE**

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

Byrnes, Scott D.
8094 Hudson Circle
Douglasville Georgia 30134

TITLE ☐ DELETE

4.1 TITLE

☒ Change ☐ Addition

NAME **S**
BYRNES, TAMMY
STREET ADDRESS **917 SARATOGA DRIVE**
CITY-STATE-ZIP **ALPHARETTA GE**

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

Byrnes, Kinsey Tammy
2805 Woodland Hills Drive
Cumming Georgia 30130

TITLE ☐ DELETE

5.1 TITLE

☒ Change ☐ Addition

NAME **V**
BYRNES, JOHN G
STREET ADDRESS **3339 HANDY RD.**
CITY-STATE-ZIP **TAMPA FL**

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

Byrnes, John
17877 Jamestown Way Apt D
Lutz, FLA 33549

TITLE ☐ DELETE

6.1 TITLE

☒ Change ☐ Addition

NAME **V**
BYRNES, KEVIN P
STREET ADDRESS **17819 D. SAILFISH DR.**
CITY-STATE-ZIP **LATZ FL**

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

Byrnes, Kevin
2727 Fletcher Ave 31 H
TAMPA FLA 33618

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **4/20/96** DAYTIME PHONE # **305-825-8522**

CR2E034 (12/95)