

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 01, 1999 8:00 am
Secretary of State

04-01-1999 90077 015 ***150.00

DOCUMENT # M41574

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



Principal Place of Business

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

Mailing Address

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/13/1986

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

4. FEI Number

59-2833703

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75** Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00** May Be
Added to Fees

8. This corporation owes the current year intangible
Personal Property Tax.

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

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

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

TITLE ☐ DELETE
NAME **T BYRNES, SCOTT D**
STREET ADDRESS **2970 SKYVIEW DR LOT 182**
CITY-ST-ZIP **LITHIA SPRGS GA**

TITLE ☐ DELETE
NAME **S KINSEY, TAMMY BYRNES**
STREET ADDRESS **2805 WOODLAND HILLS DRIVE**
CITY-ST-ZIP **CUMMING GE**

TITLE ☐ DELETE
NAME **V BYRNES, JOHN G**
STREET ADDRESS **17877 JAMESTOWN WAY APT D**
CITY-ST-ZIP **LUTZ FL**

TITLE ☐ DELETE
NAME **V BYRNES, KEVIN P**
STREET ADDRESS **360 24TH ST NW APT 361**
CITY-ST-ZIP **WINTER HAVEN FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

4015 WINDTREE DRIVE
TAMPA, FL 33624

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/99

305 825-8522

CR2E034 (11/98)

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