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CORPORATION ANNUAL REPORT 1998



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

101

FILED Feb 02 1998 8:00am Secretary of State

1. Corporati	on Name	o (0)			
IDL C	OURIER, INC.				
IDE O	COINCII, IIIO			1 (50100) to bribbe (1700) until (8000)	
Suite air at Ota		44.00			
•	ce of Business	Mailing Address			
317 NW 10 TERRACE 317 NW 10 TERRACE					
HALLANDALE FL 33009 US HALLANDALE FL 33009 US				DO NOT IMPIT	Ĕ IN THIS SPÁCE
US		US		3. Date Incorporated or Qualified	E IN TRIS SPACE
				-	
2. Principal Place of Business 2a. Mailing Address				12/19/1986 4. FEI Number	1 12 11 15
21				}	Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.		59-2750119	Not Applicable
22		 		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State City & State				G. G. et al. Constant Grand	
23		28		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zlp	Country		
24	25	29	30	 This corporation owes or has p Personal Property Tax due Juni 	
24[9. Name and Address of Currer		[30]	10. Name and Address of New R	
			81 Name	10, Hame and Address of New 11	egistered Agent
SUTROEDER, FLEMING			T Tanto	·	
8971 SW 57TH ST			82 Street Add	ress (P.O. Box Number is Not Accepta	ble)
C	OOPER CITY FL 33328		00		·
			83		
			84 City		85 Zip Code
					FLII i
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statut	es, the above-named corp	oration submits this statement for the tion's board of directors. I hereby acce	purpose of changing its registered
agent. I a	am familiar with, and accept the oblig-	ations of, Section 607.0505, Fl	authorized by the corporationida Statutes.	tion's board of directors, I hereby acce	pt the appointment as registered
SIGNATURE	•				
OIGHAIONE	Signature, typed or printed name of registered age	ent and title if applicable (NOT	E: Registered Agent signature requi	red when reinstating)	DATE
12.	OFFICERS AN	D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTORS IN 12
TITLE	DP	☐ DELETE	1,1 TITLE		Change Addition
NAME	SCHROEDER, FLEMING		1.2 NAME		
STREET ADDRESS	8971 SW 57TH ST		1,3 STREET ADDRESS		
CITY-ST-ZIP	COOPER CITY FL		1.4 CITY - ST - ZIP		
TITLE	DV	☐ DELETE	2.1 TITLE		Change Addition
NAME	SCHROEDER, ANA		2.2 NAME		
STREET AODRESS	8971 SW 57TH ST		2.3 STREET ADDRESS		
CITY-ST-ZIP	COOPER CITY FL		2. 4 CITY-ST-ZIP		
TITLE	000.01.01.12	☐ DELETE	3.1 TITLE		Change Addition
NAME			3,2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP		C percer	3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Aḍḍition ☐
NAME			4, 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		1
TITLE		DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
CIDELL VOULER					
STREET ADDRESS CITY-ST-ZIP			6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		

Indicated on this annual report or supplied with this litting does not quality 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.