

COND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
 AMOUNT DUE ON OR BEFORE 09/15/99: \$350 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**Sep 07, 1999 8:00 am**  
**Secretary of State**

UNION

PROFIT CORPORATION ANNUAL REPORT 1999



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

09-07-1999 90005 030 \*\*\*150.00

DOCUMENT # M97296

Corporation Name

INNOVATIVE DESIGNS OF SARASOTA COUNTY, INC.



Principal Place of Business: 24-31ST ST. E. BRADENTON FL 34203  
 Mailing Address: 6224-31ST ST. E. BRADENTON FL 34203

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 09/06/1988	
4. FEI Number 65-0069977	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

Principal Place of Business 6224-31ST ST E Suite, Apt. #, etc. # 8	2a. Mailing Address 26 SAME
City & State BRADENTON, FL	27 Suite, Apt. #, etc.
Zip 34208	28 City & State
Country USA	29 Zip
	30 Country

9. Name and Address of Current Registered Agent

BEARD, DEBORAH  
 5219 23 ST W  
 BRADENTON FL 34207

10. Name and Address of New Registered Agent

81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City  
 85 Zip Code  
 FL

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.

NATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
DELETED	BEARD, DONNIE H. 5219 23RD ST., W. BRADENTON FL	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
DELETED	WINFIELD, DONALD H. 232 S IRVING ST RIDGEWOOD NJ	1.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
DELETED		1.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
DELETED		1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
DELETED		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
DELETED		2.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
DELETED		2.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
DELETED		2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
DELETED		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
DELETED		3.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
DELETED		3.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
DELETED		3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
DELETED		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
DELETED		4.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
DELETED		4.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
DELETED		4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
DELETED		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
DELETED		5.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
DELETED		5.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
DELETED		5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
DELETED		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
DELETED		6.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
DELETED		6.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
DELETED		6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Donnie H. Beard* 9/2/99  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/99)



INNOVATIVE DESIGNS, INC. M97296

612732-90885-30

September 2, 1999

Annual Reports Filings  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Re: M97296

Gentlemen:

Attached please find our check No. 12341 in the amount of \$150.00 for a Corporation filing fee. We received a 2<sup>nd</sup> notice, however, we never received the 1<sup>st</sup> notice.

Sincerely,

Don Beard,  
President