

DOCUMENT # P34058

1. Entity Name

IDC-INC. OF KISSIMMEE

FILED
May 03, 2001 8:00 am
Secretary of State

03-27-2001 90054 034 ***150.00



DO NOT WRITE IN THIS SPACE

Principal Place of Business 705 E OAK ST SUITE E KISSIMMEE FL 34744 US		Mailing Address 1216 N TUSTIN ST ORANGE CA 92867 US	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 204 E. 17TH STREET Suite, Apt. #, etc. SUITE 202	
City & State		City & State COSTA MESA, CA	
Zip	Country	Zip	Country
		92627	USA
4. FEI Number		76-0124135	
5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
WILLIAMS, JIMMIE D. 705 E OAK STREET, SUITE E KISSIMMEE FL 34744		Name LAW OFFICES - DECUBELLIS & MEEKS - PROFESSIONAL ASSOCIATION Street Address (P.O. Box Number is Not Acceptable) 837 NORTH GARLAND AVENUE City ORLANDO FL Zip Code 32801	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.			
SIGNATURE		DATE 4/26/2001	
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>		FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	
10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GUMPERT, STEVEN L. 1216 NORTH TUSTIN AVENUE ORANGE CA <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GUMPERT, STEVEN L. 204 E. 17TH STREET, SUITE 202 COSTA MESA, CA 92627 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS GUMPERT, RICHARD A. 1216 NORTH TUSTIN AVENUE ORANGE CA <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS GUMPERT, RICHARD A. 742 FIRST STREET SOUTH KIRKLAND, WA 98005 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WILLIAMS, JIMMIE D. 705 E OAK STREET, SUITE E KISSIMMEE FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WILLIAMS, JIMMIE D. 204 E. 17TH STREET, SUITE 202 COSTA MESA, CA 92627 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE:		3-23-01 (941) 764-2669	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

CR2E034 (10/00)