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PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

•	1996	III.	Secreti DIVISION OF	-	TIONS				
. Corporation		21	(1)						
RIGHT	ΓIDEAS, INC.								
Principal Place	of Business	Mailing	J Address				I HIMA HOLDIQU	BIESE OSBIJ OSBI	
1950 SE PC	DRT ST. LUCIE BLVD.	195	60 SE PORT ST. L	UCIE BLVD.					
#203	LUCIE FL 34952	#2	03 Rt st. Lucie fl :	24052					
US	LOGIC PE 34532	ÜŠ		J-1532		3. Date Incorporated or Qualifie 08/26/1991		te of Last Re 04/13/19	95
Principal Pla	ace of Business	2a. Ma 26	niling Address			4. FEI Number 06-0939325			ot Applicable
Suite, Apt. #	#, etc.		ite, Apt. #, etc.			Certificate of Status Desired			Additional
		27	 					Fee F	Required
City & State	9	28 Cit	y & State			Election Campaign Financing Trust Fund Contribution	, 0		May Be I to Fees
Zip	Country	Z⊌)	Coun	itry	8. This corporation has liability	for intangible		
	25	29		30			Yes No		
	9. Name and Address of Curre	ent Registere	ed Agent		B1 Name	10. Name and Address of Ne	w Registered	Agent	
20411	- DUNDEN A			Ľ					
	e, randell C. U.S. Highway one			4	82 Street Add	ress (P.O. Box Number is Not Accep	otable)		
	I PALM BEACH FL 33408			1	B3				
1101111	TYLM DE TOTT L GO TOO			- -	84 City			85 Zip	Code
				`	U-L		FI	<u>-</u> - `` `	
i. Pursuant t or register familiar wit	to the provisions of Sections 607.050 ed agent, or both, in the State of Flo	02 and 607.15 orida. Such cha	508, Florida Statute ange was authoriz 5. Florida Statutes	es, the aboved by the co	re-named corpor prporation's boa	ration submits this statement for the ard of directors. I hereby accept the a	purpose of cl appointment a	nanging its re is registered	egistered offic agent. I am
or registere familiar wit GNATURE: _	red agent, or both, in the State of Flo th, and accept the obligations of, Se Signature, typod or printed name of registered age	orida. Such chi action 607.050 ent and title if applic	ange was authoriz 5, Florida Statutes	ed by the co	re-named corpor priporation's boar Agent signature require	ard of directors. I hereby accept the a	appointment a	s registered	agent. I am
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TED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #