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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #

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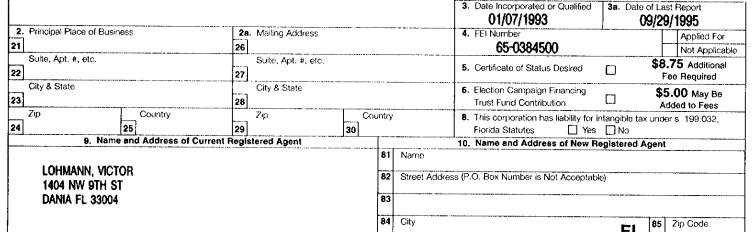
INNOVATIVE DESIGNS OF DANIA INC.

Principal Place of Business Mailing Address

1404 NW 9TH ST
DANIA FL 33004

Mailing Address

1404 NW 9TH ST
DANIA FL 33004



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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

12.	NATURE Signature, typed or printed herne of registered agord and tile if a stateable (NO OFFICERS AND DIRECTORS		Registered Agent signature required 13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PDS	DELETE	1 1 THLE	Change Addition	ın
NAME	LOHMANN, VICTOR		1.2 NAME		
STREET ADDRESS	1404 NW 9TH ST		1.3 STREET ADDRESS		
CITY-ST-ZIP	Dania Fl		1.4 CITY-ST-ZIP		
TITLE		DELETE	2. 1 TITLE	Change Addition	in
NAME			2 2 NAME		
STREET ADDRESS			2 3 STREET ADDRESS		
CITY-ST-ZIP			2 4 CITY - ST - ZIP		
TITLE		☐ DELETE	3. 1 TITLE	☐ Change ☐ Additio	n
NAME			3 2 NAME		
STREET ADDRESS			3.3. STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY - ST - ZIP		;
TITLE		DELETE	4 1 TITLE	Change Additio	n
NAME			4 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
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TITLE		☐ DELE1E	5 1 TITLE	Change Additio	n
NAME			5.2 NAME		ŀ
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY - \$1 - ZIP		
TITLE		□ DELETE	6. 1 TITLE	Change Additio	 П
NAME			6 2 NAME		
STREET ADDRESS			6.3 STREET, ADDRESS		i
C(TY - ST - ZIP	and the the later than the later tha		6 4 CITY - \$1 - ZIP		ŀ

4. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this angust 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 compound nor 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 12 if changed or op an attribute with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #