## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**PROFIT CORPORATION** ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

BERMU	MENT # P9300 IDA SERVICES, INC.	10028670 (6)		1 100 (100 (100 (100 (100 (100 (100 (10	
Principal Plac	ce of Business	Mailing Address			
1116 POINSETTA DR. DELRAY BEACH FL 33444 US		1116 POINSETTA DR. DELRAY BEACH FL 33444-1222 US			
				<ol> <li>Date incorporated or Qualified</li> <li>04/19/1993</li> </ol>	3a, Date of Last Report 03/26/1996
2. Principal Place of Business		2a. Mailing Address		4, FEI Number	Applied For
Suite, Apt	# ob:	26   Suite, Apt. #, etc.		65-0402225	Not Applicat  \$8.75 Additional
2	π, ομ.	27		5. Certificate of Status Desired	Fee Required
City & Stat	le	City & State		6. Election Campaign Financing	\$5.00 May Be
3		28		Trust Fund Contribution	Added to Fees
Zip Ti	Country	Zip	Country	8. This corporation has liability for	r intangible tax under s. 199.032, ☐ Yes ☐ No
4	25 g. Name and Address of Curr	29   rent Registered Agent	[30]	Florida Statutes  10. Name and Address of New R	
DE:	CAPITO, ROGER		81 Name		
	16 POINSETTIA DR.		82 Street Add	dress (P.O. Box Number is Not Accepta	able)
	LRAY BEACH FL 33444				
			83		
			84 City		85 Zip Code
Durouput	to the avoraging of Contage 607.6	0500 and 607 1500 Florida Prati	too the above named cor	recording submits this statement for the	FL 00 Exposure its required
office or i	registered agent, or both, in the Sta	ate of Florida. Such change was	authorized by the cornors	polation's board of dispersors I beauty some	purpose of changing its registered
			dollionzod by the corpore	ation is board of directors. I hereby acce	ebi ine appointment as registored
	am familiar with, and accept the ob	oligations of, Section 607.0505, F	lorida Statutes.	rporation submits this statement for the attion's board of directors. I hereby acce	opi the appointment as registored
ageni La SIGNATURE	arn familiar with, and accept the ob		lorida Statutes.  YE Registered Agent signature requi		DATE DATE
	Signature, typed or profest name of registered	agent and title if applicable. (NO	PYE: Registered Agent signature requ		DATE ICERS AND DIRECTORS IN 12
SIGNATURE  12.  THE	Signature, typed or profest came of registered OFFICERS A	agest and title if applicable. (NC	OYE: Registered Agent signature requirements.  13. 1.1 TITLE	uired when reinstating)	DATE
SIGNATURE  12.  THE  NAME	Stpeaking typed or peaked care of registered OFFICERS / D DECAPITO, ROGER	agent and title if applicable. (NO	TE: Registered Agent eignature required 13.  1.1 TITLE  1.2 NAME	uired when reinstating)	DATE ICERS AND DIRECTORS IN 12
SIGNATURE  12.  THEE  NAME SIREET ADDRESS	Signature, typed or peofed came of registered OFFICERS A DECAPITO, ROGER 1421 CORMORANT ROAD	agent and title if applicable. (NO	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	uired when reinstating)	DATE ICERS AND DIRECTORS IN 12
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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED** 

Apr 11 1997 8:00am

Secretary of State