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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000073064

1. Corporation Name

IDEAS D	PESIGNS AND CONCEPTS,	, INC.					
Principal Place	e of Business	Mailing Address				MII (ERWY (III) WYII	4 5 1161 013 1 1 03 1
6952 NW 19TH STREET MARGATE FL 33063		6952 NW 19TH STREET MARGATE FL 33063		DO NOT WRITE IN TH	NC CDVCE		
					3. Date incorporated or Qualifed	113 SPACE	
					10/15/1993		}
2. Principal P	lace of Business	2a, Mailing Address		·	4. FEI Number	A	pplied For
21		26			65-0453054	N	ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75	Additional
22		27			5. Certifcate of Status Desired	Fee R	equired
City & Stat	е	City & State			6. Election Campaign Financing	\$5.00	May Be
23		28			Trust Fund Contribution		to Fees
Zip	Country	Zip	Cou	ntry	8. This corporation owes the current year		E4
24	25	29	30		Personal Property Tax.	☐ Yes	⊠No
	9. Name and Address of Curre	nt Registered Agent		81 Name	10. Name and Address of New Register	ea Agent	
KLAI	r, kurt l			UT Mairie			
6952 NW 19TH STREET				82 Street Ad	ddress (P.O. Box Number is Not Acceptable)		
MARGATE FL 33063				83			
				00			

11 Pursuant	to the provisions of Sections 607.05	02 and 607 1508, Florida State	utes, the at	84 City bove-named co	progration submits this statement for the purpose	of changing it	Code s registered
11. Pursuant	to the provisions of Sections 607.05	e of Florida. Such change was ations of, Section 607.0505, F	authorized Iorida Statu	bove-named co by the corpora ites.	_	of changing it	s registered
11. Pursuant office or r agent. I a	to the provisions of Sections 607.05 egistered agent, or both, in the State m familiar with, and accept the obliga Signature, typed or printed name of registered age	e of Florida. Such change was ations of, Section 607.0505, F ent and title if applicable. (NO ND DIRECTORS	authorized Iorida Statu	bove-named co by the corpora ites.	orporation submits this statement for the purpose ation's board of directors. I hereby accept the ap	of changing it pointment as re	s registered egistered
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14. 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, with all other like empowered.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

DELETE

☐ Change

____ Addition