

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P93000077997 (3)**

1. Corporation Name  
**IDEECO, INC.**



Principal Place of Business: ~~4605 NW 16TH STREET~~  
~~POMPANO BEACH FL 33069~~  
~~US~~

Mailing Address: ~~1995 NW 18 STREET~~  
~~POMPANO BEACH FL 33069~~  
~~US~~

3. Date Incorporated or Qualified: **11/10/1993**  
3a. Date of Last Report: **05/11/1995**

4. FEI Number: **65-0446279**  
Applied For:  Not Applicable

5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business:  
21 **3406 SW 26 TERR**  
Suite, Apt. #, etc: **C-11**  
22 **C-11**

2a. Mailing Address:  
26 **3406 SW 26 TERR**  
Suite, Apt. #, etc: **C-11**  
27 **C-11**

23 **FT. LAUDERDALE, FL.**  
City & State: **FT. LAUDERDALE**  
28 **FT. LAUDERDALE**  
City & State:  
24 **33312** Zip  
25 **BROWARD** County  
29 **33312** Zip  
30 **BROWARD** County

9. Name and Address of Current Registered Agent:  
**DIAZ, JESUS**  
~~4605 NW 16TH STREET~~ **3406 SW 26 TERR. #C-11**  
~~POMPANO BEACH FL 33069~~ **FT. LAUDERDALE FL**  
**33312**

10. Name and Address of New Registered Agent:  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code: **FL**

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

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature of registered agent or other person authorized to sign this report: \_\_\_\_\_ Date: \_\_\_\_\_  
Printed Name of Registered Agent: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<del>B</del> <input type="checkbox"/> DELETE
NAME	<del>MANNING, JOHN D</del>
STREET ADDRESS	<del>5062 NW 53RD STREET</del>
CITY - ST - ZIP	<del>CORAL SPRINGS FL 33067-2745</del>
TITLE	D <input type="checkbox"/> DELETE
NAME	CAMINO, ROBERTO
STREET ADDRESS	999 PONCE DE LEON BLVD., #625
CITY - ST - ZIP	CORAL GABLES FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	<b>JESUS DIAZ</b>
33 STREET ADDRESS	<b>3406 SW 26 TERR # C-11</b>
34 CITY - ST - ZIP	<b>FT. LAUDERDALE, FL. 33312</b>
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

14. 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 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.

SIGNATURE: Jesus A. Diaz V.P. **5/3/96** 954-316-9406  
Signature and Typed or Printed Name of Signing Officer or Director Date

CR2E034 (12/95)