


FILED

Apr 24 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P94000005360 (0)			
1. Corporation Name INNOVATIVE DESIGN FACTORY OUTLET INC.			
Principal Place of Business 1104 S WESTMORELAND DR SUITE #3 ORLANDO FL 32805 US		Mailing Address 1104 WESTMORELAND DR SUITE #3 ORLANDO FL 32805-3801 US	
2. Principal Place of Business 21 Suite, Apt. #, etc 22 City & State 23 Zip 24 Country		2a. Mailing Address 25 Suite, Apt. #, etc 27 City & State 28 Zip 29 Country	
9. Name and Address of Current Registered Agent			
PORTILLA, ANGEL DE LA 4686 PEMBROKE PLACE ORLANDO FL 32811			81 Name 82 Street Address 83 84 City
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation or registered agent, or both, in the State of Florida. Such change was authorized by the corporation agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.			
SIGNATURE Signature is typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required)			
12. OFFICERS AND DIRECTORS			
12.1 TITLE: D NAME: DE LA PORTILLA, ANGEL L STREET ADDRESS: 4686 PEMBROKE PLACE CITY-ST-ZIP: ORLANDO FL 32811		<input type="checkbox"/> DELETE	
12.2 TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:		<input type="checkbox"/> DELETE	
12.3 TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:		<input type="checkbox"/> DELETE	
12.4 TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:		<input type="checkbox"/> DELETE	
12.5 TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:		<input type="checkbox"/> DELETE	
12.6 TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:		<input type="checkbox"/> DELETE	
12.7 TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:		<input type="checkbox"/> DELETE	
12.8 TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:		<input type="checkbox"/> DELETE	
12.9 TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:		<input type="checkbox"/> DELETE	
12.10 TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:		<input type="checkbox"/> DELETE	
12.11 TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:		<input type="checkbox"/> DELETE	
12.12 TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:		<input type="checkbox"/> DELETE	
12.13 TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:		<input type="checkbox"/> DELETE	
12.14 TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:		<input type="checkbox"/> DELETE	
12.15 TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:		<input type="checkbox"/> DELETE	
12.16 TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:		<input type="checkbox"/> DELETE	
12.17 TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:		<input type="checkbox"/> DELETE	
12.18 TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:		<input type="checkbox"/> DELETE	
12.19 TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:		<input type="checkbox"/> DELETE	
12.20 TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:		<input type="checkbox"/> DELETE	
14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in the information indicated on this annual report or supplemental annual report is true and accurate and that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report appears in Block 12 or Block 13 if checked, or on an attachment with an address.			
SIGNATURE:			
Signature is typed or printed name of signing officer or director			