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

PROFIT CORPORATION ANNUAL REPORT

1998



I LORIDA DEPARTMENT OF STATE

**FILED** 

May 08 1998 8:00am

Secretary of State

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Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P9400005360 (0)

INNOVATIVE DESIGN FACTORY OUTLET INC.

Principal Plac	e of Business	Mailing Address				
1104 S WESTMORELAND DR SUITE #3 ORLANDO FL 32805		1104 WESTMORELAND DR SUITE #3 ORLANDO FL 32805		DO NOT WRITE II	N THIS <b>S</b> PACE	
US		US		3. Date Incorporated or Qualified 01/24/1994		
21	lace of Business	2a. Mailing Address 26		4. FEI Number 59-3221997	Applied For Not Applicable	
Suite, Ap1.		Suite, Apt #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & Stat		City & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip 24	Country 25	- 4	Country 30	This corporation owes or has paid     Personal Property Tax due June 3     Name and Address of New Region	0. Yes No	
e, Name and Address of Current Registered Agent  PORTILLA, ANGEL DE LA						
4686 PEMBORKE PLACE			82 Street Address (P.O. Box Number is Not Acceptable)			
ORLANDO FL 32811			83	1 Royal Ascot Run	<u> </u>	
			84 City 0	1. C - 37 737	85 Zip Code	
44 Pureuant	to the provisions of Sactions 607 0602	and 607 1508 Clorida Statutas	60	tha, FL 3.	<u> </u>	
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						
12.	Signature Type For printed name of registered weed OFFICERS AND		Hegistered Agent signature requir	ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTORS IN 12	
TITLE	D	DELETE	1.1 TIBLE	7,0011101101101111111111111111111111111	Change Addition	
NAME	<b>D</b> E LA PORTILLA, ANGEL L		1.2 NAME			
STREET ADDRESS	4686 PEMBROKE PLACE		1.3 STREET ADDRESS			
CITY-ST-ZIP	ORLANDO FL 32811		1.4 CITY-ST-ZIP			
TITLE		DELETE	2.1 TITLE		Change Addition	
NAME			2.2 NAME			
STREET ADDRESS			2.3 STREET ADDRESS			
CITY-ST-ZIP		C profits	2. 4 CITY-ST-ZIP			
TITLE		☐ DELETE	3.1 TITLE		Change	
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP TITLE		DELETE	3.4. CITY - ST - ZIP 4.1 TITLE		Change Addition	
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CiTY-ST-ZIP			
TITLE		DELETE	51 TITLE		Change Addition	
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP	-		5.4 CITY-ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE		Change Addition	
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-ST-ZIP		<b></b>	6.4 CITY - ST - 7IP			
14   hereby o	ertify that the information cumuling with	the films does not qualify for	the exemption stated in	Section 119 07(3)(i) Florida Statutes I fu	other certify that the information	

Indicated on this annual report or supplied with this pling does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the informatio indicated on this annual report or supplied plant 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 of the previous of 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, of on an attaching it with an address.