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

**PROFIT** CORPORATION ANNUAL REPORT

1996



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

DOCUMENT #

1. Corporation Name

P94000006151 (2)

INTERNATIONAL DEVICES, IN	C.			
Principal Place of Business	Mailing Address			413 00134 8014F 40140 03401 F1091 01181 110F 1008
2431 JENNIFER HOPE BLVD. LONGWOOD FL 32779	2431 JENNIFER HOPE BLVD. LONGWOOD FL 32779			
			3. Date Incorporated or Qualified 01/25/1994	3a. Date of Last Report 03/16/1995
2. Principal Place of Business 21	2a. Mailing Address 26		4. FEI Number 59-3219635	Applied For Not Applicable
Suite, Apt. #, etc.	Suite, Apt #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Z <sub>I</sub> p Country <b>25</b>	Ζη>	Country 30	8. This corporation has liability for in Florida Statutes 🔃 Yes	
9. Name and Address of Curr	ent Registered Agent	81 Name	10. Name and Address of New R	egistered Agent
GOLDBERG, GLORIA 2431 JENNIFER HOPE BLVD.		82 Street Add	ess (P.O. Box Number is Not Acceptab	e;
LONGWOOD FL 32779		83		
		84 City		FL 85 Zip Code
<ol> <li>Pursuant to the provisions of Sections 607.05 or registered agent, or both, in the State of Fig familiar with, and accept the obligations of Sections of Sections 1.</li> </ol>	orida. Such change was authorized	s, the above named corpor d by the corporation's bos	ation submits this statement for the puri of directors. I hereby accept the appo	pose of changing its registered office biritripent as registered agent. I am
SIGNATURE Squature typist or printed name of registers Leg	profesional bible it early the above the CNOTE	Signature (Agent signal incherum	d where remarkings  ADDITIONS/CHANGES TO OFFI	DATE
TITLE DP	DELETE		RESIDENT/CO	Change
NAME GOLDBERG, GLORIA STREET ADDRESS 2431 JENNIFERHOPE BL LONGWOOD FL	VD.	1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP		ORIA Blad.
NAME GOLD BERG	MAN DELETE	2 1 TITLE C	FOICHAIDMA	779 Change 🔀 Addition
STREET ADDRESS 2431 Jeun	F, PAUL B.	2 3 STREET ADDRESS	OLDBERG, PAL	LB
THE LOX gwood,	SP.3277 DELETE	24 CHY-ST-ZIP 3 1 THEE	431 Jennifer	Cnange Addition
NAME .		3 2 NAME	- 19wood, 51	
STREET ADDRESS CITY: ST: ZIP		3.3 STHEET ADDRESS 3.4 CHY-ST, ZIP		
TITLE NAME	DELETE	4 1 THEF 4 2 NAME		Change Addition
STREET ADDRESS		4.3 STREET ADDRESS		
C(ITY-S1-7IP	[] DELFTE	4.4 CITY - \$1 - ZIP 5.1 TITLE		Change Addition
NAME		5.2 NAME		
STREET ADDRESS COY-SI-ZP		5 3 STREET ADDRESS 5 4 CITY - ST-ZIP		
TITLE NAME	DELETE	6 1 TITLE 62 NAME		Change Addition
STREET ADDRESS		6.3 STREET ADDRESS		
CHY-SI-7/F  14. I do hereby certify that the information supplie	d with this filing is voluntarily furnis	64 CITY - ST-ZIP thed and does not qualify f	or the exemption stated in Section 119.	07(3)(k), Florida Statutes. I further
certify that the information indicated on this are oath; that I am an officer or director of the cor appears in Block 12 or Block 13 if changed, c	nnual report or supplemental annual poration or the receiver or trustee	al report is true and accura empowered to execute thi	te and that my signature shall have the	same legal effect as it made under
SIGNATURE: SIGNATURE AND TYPED	OR PRINTED NAME OF SIGNING OFFICER	ORCHRECTOR	4/1/96 H	07-788-6106