Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Not Applicable

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000014752

1. Corporation Name

Suite, Apt. #, etc.

City & State

IDC DESIGN, INC.

rincipal Place of Business	Mailing Address
1 VILLAGE BLVD.	2701 VILLAGE BLVD.
TE 106	SUITE 106
ST PALM BEACH FL 33409	WEST PALM BEACH FL 33409

26

27

Suite, Apt. #, etc.

City & State

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed 02/23/1994 4. FEI Number

5. Certificate of Status Desired

6. Election Campaign Financing

65-0469381

FILED

Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90050 040 ***150.00

23		28			_	Trust Fund Contribution		Added to	Fees
Zip	Country	Zip	Zip Country			8. This corporation owes the	current year Inta		_
24	25	29	30			Personal Property Tax. Yes No			
	9. Name and Address of Curr	ent Registered Ag	ent			10. Name and Address of N	ew Registered A	Agent	
				81	Name	•			
STEDMAN, KAREN E C.P.A. 3931 RCA BLVD. SUITE 3101 PALM BEACH GARDENS FL 33410			82	82 Street Address (P.O. Box Number is Not Acceptable)					
			83						
			-				85 Zip C	·ada	
·				84	City		FL	65 Zip C	,oue
office or agent. I	it to the provisions of Sections 607.0 registered agent, or both, in the Star am familiar with, and accept the obli	te of Florida. Such d	change was autho	nized by	the corporation	oration submits this statement for n's board of directors. I hereby a	the purpose of accept the appoir	changing its ntment as reg	registered jistered
SIGNATURE	Signature, typed or printed name of registered a	gent and title if applicable.	(NOTE: Regi	istered Agen	nt signature required	when reinstating)	DATE		
12.	OFFICERS A	AND DIRECTORS		13.		ADDITIONS/CHANGES TO	OFFICERS AN		
TITLE	D		DELETE	1.1 TITLE				Change	☐ Addition
NAME	MILLS, GEORGIA		`	1.2 NAME					
STREET ADDRESS	s 2701. VILLAGE BLVD., SUITE	106		1.3 STREET	ADDRESS				
CITY-ST-ZIP	WEST PALM BEACH FL 334	09		1.4 CITY-ST	T-ZIP				
TITLE			DELETE	2.1 TITLE				☐ Change	☐ Addition
NAME	· ·			2.2 NAME					
STREET ADDRESS	s			2.3 STREET	ADDRESS			•	
CITY-ST-ZIP				2 ACTY-S	T.ZP				
TITLE			□ DELETE	3.1 TITLE				Change	Addition
NAME				3.2 NAME					
STREET ADDRES	s			3.3 STREET	T ADDRESS	•		,	ì
CITY-ST-ZIP				3.4. CITY-S	it-ZIP				
TITLE			DELETE	4.1 TITLE	.			Change	Addition
NAME	ļ			4.2 NAME					ļ
STREET ADDRES	s			4.3 STREET	T ADDRESS				
CITY-ST-ZIP	-			4.4 CITY-ST	T-ZIP				
TITLE			☐ DELETE	5.1 TITLE				Change	☐ Addition
NAME				5.2 NAME		•	•		
STREET ADDRES	s			5.3 STREET	FADORESS	•			ł
CITY-ST-ZIP	1			5.4 CITY-ST	T-ZIP				}
TITLE			DELETE	6.1 TITLE				Change	☐ Addition
NAME			ŀ	6.2 NAME		'			
STREET ADDRES	s .			6.3 STREET	ADDRESS				
STREET ADDRESS	~					•			

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

SIGNATURE: