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

**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

**FILED** 

Jan 21, 1999 8:00am

**Secretary of State** 

01-21-1999 90004 037 \*\*\*150.00

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # P94000043628

1. Corporation Name

IDC REA	LTY CORP.								
Principal Place	of Business	Mailing Address					T CONTINUED CONTROL BEACH MAINE MARCH MACH AND CONTROL CONTROL	alaša krita arkia	11881 1811 1881
800 SOUTH OCEAN BOULEVARD BOCA RATON FL 33432		C/O FELDMAN 800 SOUTH OCEAN BLVD.: #603 BOCA RATON FL 33432-6363 US			DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed  Oct 140 140 04				
		Ta Banka Adda					06/10/1994 FEI Number	And	olied For
—	ace of Business	2a. Mailing Address				4.	65-0499679	— <del>                                    </del>	Applicable
Suite, Apt.	# etc	Suite, Apt. #, etc.				-		\$8.75 A	
	#, GlC.	27				5.	Certifcate of Status Desired	Fee Re	
City & State	9	City & State				6.	Election Campaign Financing Trust Fund Contribution	\$5.00 Added to	
Zip	Country	Zip	Cour	ntry		8	This corporation owes the current year In	tangible	
24	25	29 3	0			"	Personal Property Tax.	ŬYes	XNο
	9. Name and Address of Current					10.	Name and Address of New Registered	Agent	
	<u> </u>			81	Name				
THE PRENTICE HALL CORPORATION SYSTEM, INC.				82	Street Addre	ess (P	P.O. Box Number is Not Acceptable)		
TALLAHASSEE FL 32301			F	83					<b>是 原 理</b>
				_			A STATE OF STATE	<u>(1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 </u>	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
				84	City		FL	85 Zip C	ode
office or n	to the provisions of Sections 607.0502 egistared agent, or both, in the State of m familiar with, and accept the obligat	of Florida. Such change was auti	horized	DV I	the corporatio	oration on's bo	n submits this statement for the purpose of pard of directors. I hereby accept the appo	changing its intment as reg	registered gistered
SIGNATURE						4	einstating) DATE		
	Signature, typed or printed name of registered agent		13.	Agent	signature required		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 12
12.	PSTD OFFICERS AN	DELETE DELETE	1,1 TIT	ı F			ADDITIONS/CHANGES TO OTTIOERO A	Change	Addition
NAME	-			1.2 NAME					-
STREET ADDRESS	AND ADDITION OF AN INCIDENTALLY			1.3 STREET ADDRESS					
ļ	DOCA DATON EL 20400			1.4 CITY-ST-ZIP					
CITY-ST-ZIP	DELETE			2.1 TITLE				Change	☐ Addition
NAME				2.2 NAME					.
STREET ADDRESS			2.3 STI	REET.	ADDRESS				
CITY-ST-ZIP	والإنادا والهراء		2.4 CF	TY-S1	T-ZIP		,	_	
TITLE	☐ DELETE			3.1 TITLE				Change	☐ Addition
NAME			3.2 NA	. 3.2 NAME					
STREET ADDRESS	,		3.3 STRE		ADDRESS		•		3.44
CITY-ST-ZIP			3.4. CITY		T-ZIP				
TITLE		☐ DELETE	4.1 TIT	.1 TITLE			•	☐ Change	Addition
NAME			4.2 NA	ME					
STREET ADDRESS	ORESS		4.3 STI	4.3 STREET ADDRESS					
CITY-ST-ZIP			4.4 CIT		- ZIP				
TITLE		☐ DELETE	5.1 TIT	LE				Change	Addition

CITY-ST-ZIP 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 emptywered 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 advises, with all other like empowered.

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

□ DELETE

Change

- Addition