

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000011873

1. Corporation Name

INNOVATIVE DESIGN CONSULTANTS, INC.

Principal Place of Business

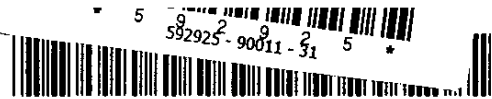
7640 S. TAMiami TRAIL
SARASOTA FL 34231

Mailing Address

7640 S. TAMiami TRAIL
SARASOTA FL 34231

FILED
Jul 21, 1999 8:00 am
Secretary of State

07-21-1999 90011 031 ***550.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/15/1995

4. FEI Number

65-0563335

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year
Intangible Personal Property.

☐

Yes

☐

No

2. Principal Place of Business

21 7640 S. TAMiami TR.

Suite, Apt. #, etc.

22

City & State

23

Zip

24

Country

25

2a. Mailing Address

26 7640 S. TAMiami TR.

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

9. Name and Address of Current Registered Agent

~~MERENDA, MICHAEL J~~
~~7640 S. TAMiami TRAIL~~
~~SARASOTA FL 34231~~

VESTA M. MERENDA

10. Name and Address of New Registered Agent

81

Name

82

Street Address (P.O. Box Number is Not Acceptable)

83

City

84

Zip Code

85

State

86

City

87

Zip Code

88

State

89

City

90

Zip Code

91

State

92

City

93

Zip Code

94

State

95

City

96

Zip Code

97

State

98

City

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Zip Code

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State

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City

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Zip Code

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City

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Zip Code

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State

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City

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Zip Code

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State

110

City

111

Zip Code

112

State

113

City

114

Zip Code

115

State

116

City

117

Zip Code

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State

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City

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Zip Code

121

State

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City

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Zip Code

124

State

125

City

126

Zip Code

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 Vesta M. Merenda
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

7-15-99

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETE

NAME MERENDA, MICHAEL J
STREET ADDRESS 3401 SPAINWOOD DRIVE
CITY-ST-ZIP SARASOTA FL 34232

TITLE ☐ DELETE

NAME MERENDA, VESTA M
STREET ADDRESS 3401 SPAINWOOD DRIVE
CITY-ST-ZIP SARASOTA FL 34232

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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 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, or on an attachment with an address.

SIGNATURE: Vesta M. Merenda
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-15-99 941-921-4242

Date

Daytime Phone #

CR2E034 (5/99)