FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 FLORIDA DEPARTMENT OF STATE **PROFIT** CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 P950000333512 DOCUMENT # IDEO USA ENTERPRISES OF FLORIDA, INC. Mailing Address Principal Place of Business 10 FIFTH STREET VALLEY STREAM, NEW YORK 11581 3. Date incorporated or Qualified | 3a. Date of Last Report Applied For 2a. Mailing Address 2. Principal Place of Business Not Applicable Same Samo 26 21 \$8.75 Additional Suite. Apt. #, e Suite. Apt. #, etc 5. Certificate of Status Desired Fee Required 27 22 \$5.00 May Be 6. Election Campaign Financing City & State City & State Added to Fees Trust Fund Contribution 28 23 8. This corporation has liability for intangible tax under s 199 032 Florida Statutes Yes No Country Zip Žiρ 30 29 25 24 Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name THE PRENTICE-HALL CORPORATION SKITEMING. Street Address (P.O. Box Number is Not Acceptable) 82 1201 HAYS STREET 83 Suite 105 TALLAHASSEE, FL 32301 85 Zip Code 84 City FL 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, am familiar with, and accept the obligations of, Section 607,0505, Florida Statutes. SIGNATURE (NOTE: Registered Agent signature required when reinstating) Stigrature, typed or printed name of registered agent and title if apparable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change Add tion DELETE PRESIDENT TITLE 1.2 NAME FRED HANDSMAN NAME 10 FIETH STREET 1.3 STREET ADDRESS STREET ADDRESS 1.4 CITY - S1 - ZIP VALLEY STREAM CITY ST ZIP Change Achibon DELETE 2.1 HILE TITLE NAME 2.3 STREET ADDRESS STREET ADDRESS 24 CITY-ST ZIP CITY 51 ZIP Change ____ Addition DELETE 3 1 TITLE TITLE 3.2 NAME NAMÉ 3.3 STREET ADDRESS STREET ADDRESS 00000017993<u>9</u>0 3.4 City S1-ZIF -**006** Change CITY - ST ZIP Addition DELETE 4 1 IIIII TITLE ***200.00 4.2 NAME NAME 4.3 STREET ADORESS STREET ADDRESS 44 CITY ST-ZIP CHT+ST ZIP Change Addition DELETE 5 1 111.F TITLE 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 City St-ZiP CITY - ST - ZIF Change DELETE 6 1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 City ST-ZiP 14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes 1 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 Fred Handman Prel.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR