

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 # P95000048660

1. Corporation Name

IDEA GENERATION INC.

Principal Place of Business

8369 SW CR 313
TRENTON FL 32693
US

Mailing Address

8369 SW CR 313
TRENTON FL 32693
US

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.
22 502 N.W. 75th St Suite 409

26 Suite, Apt. #, etc.
27 502 N.W. 75th St, Suite 409

23 City & State
Gainesville FL

28 City & State
Gainesville, FL

24 Zip Country
32607-1799 USA

29 Zip Country
32607-1799 USA

9. Name and Address of Current Registered Agent

BEVERLY, PHIL C JR.
912 NE 2 ST
GAINESVILLE FL 32601

3. Date Incorporated or Qualified

06/19/1995

4. FEI Number

59-3360662

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 Tax.



Yes

No

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME TRINITY, S.
STREET ADDRESS 8369 SW CR 313
CITY-ST-ZIP TRENTON FL 32693

TITLE V
NAME EVERTT, PAULA
STREET ADDRESS 8369 SW CR 313
CITY-ST-ZIP TRENTON FL 32693

TITLE ST
NAME INFINITA, ROMANO
STREET ADDRESS 8369 SW CR 313
CITY-ST-ZIP TRENTON FL 32693

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P
1.2 NAME S. Trinity
1.3 STREET ADDRESS 502 N.W. 75th St. Suite 409
1.4 CITY-ST-ZIP Gainesville FL 32607-1799

2.1 TITLE
2.2 NAME PAULA EVERETT
2.3 STREET ADDRESS 502 N.W. 75th St Suite 409
2.4 CITY-ST-ZIP Gainesville, FL 32607-1799

3.1 TITLE ST
3.2 NAME JAMIE HART
3.3 STREET ADDRESS 502 N.W. 75th St. Suite 409
3.4 CITY-ST-ZIP Gainesville, FL 32607-1799

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
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, with all other like empowered.

SIGNATURE

SIGNATURE JAMIE HART
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/15/99

Daytime Phone #

352-472-5774

FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90070 007 ***158.75



DO NOT WRITE IN THIS SPACE

CR2E034 (11/98)