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 # P95000072312

1. Corporation Name INNOVATIVE DESIGN CONCEPTS INC.

May 03, 1999 8:00 am Secretary of State

05-03-1999 90068 044 ***150.00



ļ				
Principal Place		Mailing Address		
3129 NO. TAM/		3129 NO. TAMARISK AVENUE		
BEVERLY HILLS	5 FL 34465 .	BEVERLY HILLS FL 34465		DO NOT WRITE IN THIS SPACE
				3. Date Incorporated or Qualifed
				09/18/1995
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number Applied For
21 325	1 S. Canadian Wal		nadian Wa	
Suite, Apt.		Suite, Apt. #, etc.	10.010.11.000	7\$8.75 Additional
22		27		5: Certificate of Status Desired Fee Required
City & Stat	e	City & State		6. Election Campaign Financing S5.00 May Be
23 Homo	osassa FL	28 Homosassa	FL.	Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year Intangible
24 <u>34</u> 44	48 25 USA	29 34 <u>4</u> 48 3	USA	Personal Property Tax.
	9. Name and Address of Current	Røgistered Agent		10. Name and Address of New Registered Agent
	DADY COOTT A		81 Name	Scott A. McCrad
	CRADY, SCOTT A	,	82 Street Ad	dress (P.O. Box Number is Not Acceptable)
3129 N TAMARISK AVE				51 5. Canadian Way
BEVI	ERLY HILLS FL 34465		83	
1			84 City;	85 Zip Code
•				omosassa FL 🖺 34448
. 11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes,	the above-named co	rporation submits this statement for the purpose of changing its registered
office or r	egistered agent, or both, in the State om m familiar with, and accept the obligati	of Florida. Such change was auth ions of, Section 607,0505, Florid	iorized by the corpora a Statutes	ation's board of directors. I hereby accept the appointment as registered
SIGNATURE	Some moo.	-1-		4-28-99
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Re	egistered Agent signature requ	
12.	OFFICERS AND	_ _	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P		4.4 7000 0	
\ <u> </u>] *	☐ DELETE	1.1 TITLE	Change Addition
NAME	MCGRADY, SCOTT	☐ DELETE	1.2 NAME	Scott Mc Cracy Schange Addition
]	MCGRADY, SCOTT 3129 N TAMARISK AVENUE	☐ DELETE	1.2 NAME	Scott Mc Crady 3951 S. Canadian Way
NAME	MCGRADY, SCOTT		1.2 NAME	Scott Mc Crady 3951 S. Canadian Way Homosassa FL 34448
NAME STREET ADDRESS	MCGRADY, SCOTT 3129 N TAMARISK AVENUE	☐ DELETE	1.2 NAME 1.3 STREET ADDRESS	Scott Mc Crady
NAME STREET ADDRESS CITY-ST-ZIP	MCGRADY, SCOTT 3129 N TAMARISK AVENUE		1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	Scott Mc Crady 3951 S. Canadian Way Homosassa FL 34448
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CITY-ST-ZIP 14. I hereby certify that the information supplied with this filling 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 changes, or on an attachment with an address, with all other like empowered.

SIGNATURE