


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

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May 03, 1999 8:00 am
Secretary of State

05-03-1999 90068 044 ***150.00

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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.					
Principal Place of Business 3129 NO. TAMARISK AVENUE BEVERLY HILLS FL 34465			Mailing Address 3129 NO. TAMARISK AVENUE BEVERLY HILLS FL 34465		
2. Principal Place of Business 21 3251 S. Canadian Way Suite, Apt. #, etc. 22 City & State 23 Homosassa FL Zip Country 24 34448 25 USA		2a. Mailing Address 26 3251 S. Canadian Way Suite, Apt. #, etc. 27 City & State 28 Homosassa FL Zip Country 29 34448 30 USA		3. Date Incorporated or Qualified 09/18/1995 4. FEI Number 59-3345292 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent MCCRADY, SCOTT A 3129 N TAMARISK AVE BEVERLY HILLS FL 34465			10. Name and Address of New Registered Agent 81 Name Scott A. McCrady 82 Street Address (P.O. Box Number is Not Acceptable) 3251 S. Canadian Way 83 84 City Homosassa FL 85 Zip Code 34448		
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 <i>Scott McCrady</i> DATE 4-28-99 (NOTE: Registered Agent signature required when reinstating)					
12. OFFICERS AND DIRECTORS TITLE P <input type="checkbox"/> DELETE NAME MCCRADY, SCOTT STREET ADDRESS 3129 N TAMARISK AVENUE CITY-ST-ZIP BEVERLY HILLS FL 34465 TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME Scott McCrady 1.3 STREET ADDRESS 3251 S. Canadian Way 1.4 CITY-ST-ZIP Homosassa FL 34448 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		

SIGNATURE *Scott McCrady* **REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-99 302-246-1661
Date Daytime Phone #

CR2E034 (11/98)