SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000080857 (2)

1 IDEA, INC.

FILED Oct 06 1998 8:00am Secretary of State

Principal Plac	e of Business	. Mailing Address			
		640 NORTH PENINSULA AVENUE			
640 North Peninsula avenue Daytona Beach fl 32118		DAYTONA BEACH FL 32118			
				DO NOT WRITE IN TH	IIS SPACE
				3. Date Incorporated or Qualified	
A B				10/18/1995	
· ·	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
Suite, Apl.	N <u>N</u> OVA RN,	26 Suite, Apt. #, etc.		59-3343147	Not Applicable \$8.75 Additional
	TE 216	27		5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23 ORN	LOND BEACH, FL	28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the o	
24 321	74_ [25] USA	[29]	30	Personal Property Tax due June 30.	Yes No
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Registere	d Agent
GREGORY, ARNIE 81 Name A R N				NOLD E. GREGORY	
640 NORTH PENINSULA AVENUE B2 Str				Address (P.O. Box Number is Not Acceptable)	
DAYT	ONA BEACH FL 32118		53	3 N. NOUA RO	
			83 50	ITE 216	
			84 City		85 Zip Code
44 5 .		VALUE STORY AND TO	ORW	IOND BEACH F	
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 appointment of the purpose of changing its registered office or registered agent. I am familiar with, and accept the appointment as registered agent. I am familiar with, and accept the appointment as registered agent. I am familiar with, and accept the appointment as registered agent. I am familiar with a fam					
agent. I a	am familiar with, and accept the obligation	of, section 607.0505, Flori	ida Statutes.	4.54.5.4	0 - 66
SIGNATURE .	Signature, tyled or printed name of registered agent a	regoly (10)	ARNOLD E E: Registered Agont signature regi	GREGORY 9-	27-98
12.	OFFICERS AND		13,	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
TITLE	D	DELETE	1.9 TITLE		Change Addition
NAME	BENEDICT, JAMES H	K . 33	1.2 NAME		Ondrigo [] Floring
STREET ADDRESS	28 BAY POINT DRIVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	ORMOND BCH FL		1.4 CITY-ST-ZIP		İ
TITLE	D	DELETE	2.1 TITL€		Change Addition
NAME	GREGORY, ARNIE		2.2 NAME		
STREET ADDRESS	26 SEA HARBOUR		2 3 STREFT ADDRESS		4 i'
CITY-ST-ZIP	ORMOND BY THE SEA FL	· · · <u></u> · · · · _	2.4 CiTY-S1-ZiP		
TITLE		DELETE	3.1 TITLE	Among Service Baroon Service Service Warner Service Service Service Communications	Change [] Addition
NAME			3.2 NAME	200008'55'5''	20 (C) (C)
STREET ADDRESS			3.3 STREET ADDRESS	-10/07/9801020 ***150.00	1005 /
CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·	3.4 CITY-ST-ZIP	李季泰士[201]。[18]	
TITLE		[] DELETE	4.1 TITLE		mange Addition
NAME			4.2 NAME		40/0//
STREET ADDRESS			4.3 STREET ADDRESS		11/40
CITY-ST-ZIP	·· 1=	·	4.4 CiTY-ST-ZiP		
TITLE		L] DELETE.	5.1 TITLE		Change Addition
NAME STREET ANNUESS	•		5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		[] belese	5.4 CITY-ST-ZIP 6.1 TITLE		
NAME		Ĺ ∐ DELE1E	6.2 NAME		Change _ Addition
STREET ADDRESS			6.3 STREET ADDRESS		
City-St-Zip					
ULL POINT			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.