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PROFIT **CORPORATION** ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000082967

1. Corporation Name

IDMIC INC

51 MIC, 1140.	
Principal Place of Business	Mailing Address
320 BOONESBORO RD.	8320 BOONESBORO RD.
FT. MYERS FL 33917	FT. MYERS FL 33917

FILED Feb 10, 1999 8:00am Secretary of State 02-10-1999 90034 012 ***150.00



Principal Pla	ace of Business	Mailing Address			<u> </u>	8141 88411 88181 (8148 11 8 18 1	DIAD DIAN 1001 HBB
8320 BOONESBORO RD. 8320 BOONESBORO RD. FT. MYERS FL 33917 FT. MYERS FL 33917							
						ITE IN THIS SPACE	
	•				3. Date Incorporated or Qualifed	•	
0 Division	Di	0.11-9			10/26/1995		
· ·	Place of Business	2a. Mailing Address			4. FEI Number	ļ <u> </u>	Applied For
21 Suite, Ar	t # etc	Suite, Apt. #, etc.			65-0632243	60.7	Not Applicable
22	n. #, etc.	27			5. Certificate of Status Desired	1 1	Additional Required
City & St	ate	City & State			Election Campaign Financing Trust Fund Contribution	1 1	May Be
Zip	Country	Zip	Country	,	8. This corporation owes the curr		
24	25	29	30		Personal Property Tax.	Yes	□No
	9. Name and Address of Curr				10. Name and Address of New I	Registered Agent	
			81	Name			
	nter, pat 20 boonesboro RD.		82	Street Addre	ess (P.O. Box Number is Not Accept	able)	
1	. MYERS FL 33917		83				er and series.
					1000年6月15日		
			84	City		FL 85 Z	p Code " " " "
	nt to the provisions of Sections 607.0	502 and 607.1508, Florida Statute	s, the above	e-named corpo	oration submits this statement for the	purpose of changing	its registered
office o	registered agent, or both, in the Stat am familiar with, and accept the obli	te of Florida. Such change was au gations of, Section 607.0505, Flori	tnonzed by da Statutes	the corporation	n's board of directors. I hereby accer	pt the appointment as	registered
office o	registered agent, or both, in the Stat am familiar with, and accept the oblig	gations of, Section 607.0505, Flori	da Statutes			pt the appointment as	registered
office o agent. I SIGNATUR	registered agent, or both, in the Stal am familiar with, and accept the oblic E Signature, typed or printed name of registered a	gations of, Section 607.0505, Flori gent and title if applicable. (NOTE: I	da Statutes		when reinstating)	DATE	
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office o agent. I SIGNATUR 12. TITLE NAME STREET ADDRES CITY- ST- ZIP TITLE	registered agent, or both, in the Stat am familiar with, and accept the oblige Signature, typed or printed name of registered a OFFICERS A PTD KINTER, PAT 8320 BOONESBORO RD. FT. MYERS FL 33917 VSD	gations of, Section 607.0505, Flori gent and title if applicable. (NOTE: I	Registered Agen 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S' 2.1 TITLE	nt signature required	when reinstatting) ADDITIONS/CHANGES TO OF	DATE FICERS AND DIREC	TORS IN 12 le Addition
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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 attachgrent with an address, with all other like empowered.

6.4 CITY-ST-ZIP