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Feb 24 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000001494 (9)

1. Corporation Name
ILLUMINATING IDEAS, INC.

Principal Place of Business
528 DATE PALM DRIVE
LAKE PARK FL 33403-3323

Mailing Address
528 DATE PALM DRIVE
LAKE PARK FL 33403-3323



3. Date Incorporated or Qualified 01/05/1996	3a. Date of Last Report
4. FEI Number 65-0635877	Applied For Not Applicable
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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country

9. Name and Address of Current Registered Agent

KUHARCIK, JOSEPH
1211 THE PLAZA
SINGE ISLAND FL 33404

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83. City
84. State
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 _____ (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	
NAME	GOLDSMITH, MARYMARGARET	1.2 NAME	
STREET ADDRESS	528 DATE PALM DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE PARK FL 33403-3323	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	
NAME	GOLDSMITH SHAYNE, THERESA	2.2 NAME	STALNAKER, THERESA
STREET ADDRESS	528 DATE PALM DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE PARK FL 33403-3323	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	
NAME	GOLDSMITH, AILEEN M	3.2 NAME	
STREET ADDRESS	528 DATE PALM DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE PARK FL 33403-3323	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	
NAME	LOZOTT, JENNIFER L	4.2 NAME	
STREET ADDRESS	12782 89TH PLACE NORTH	4.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33412	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)