SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

P96000088040

PROFIT CORPORATION ANNUAL REPORT

1999

DOCUMENT #

MATURE:



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

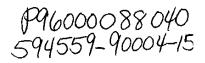
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FILED Jul 23, 1999 8:00 am Secretary of State

07-23-1999 90004 015 ***150.00

IDIVE, INC.								
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Principal Place of Business Mailing Address						THE REAL PROPERTY OF THE PROPE	41811 5811 1881	
170 SOUTHWEST 32ND TERRACE 170 SOUTHWEST 32ND TERRACE DEERFIELD BEACH FL 33442 DEERFIELD BEACH FL 33442						DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualified		
						10/24/1996		
Principal Place of Business 2a. Mailing Address							lied For	
21 26						1 OO OI OOOII	Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc. 27							\$8.75 Additional Fee Required	
City & State City & State						1	1 1	
23	28					Trust Fund Contribution Added to Fees		
Zip				ntry	S. This serperation street and server year.		No	
24	9. Name and Address of Current	Pagistared Agent	30			Intangible Personal Property. Yes No 10. Name and Address of New Registered Agent		
	g. Name and Address of Current	vedistaled vdeut		81	Name	10. Name and Address of New Registered Agent		
THEALL, ARLANNE B								
170 SOUTHWEST 32ND TERRACE				82	Street Addre	ddress (P.O. Box Number is Not Acceptable)		
DEERFIELD BEACH FL 33442				83				
				84	City	FL 85 Zip Co	ode	
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								
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Age 12. OFFICERS AND DIRECTORS 13.					ent signature requir		<u></u> @	
TITLE	D OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR		
NAME	D L. DELETE THEALL, ARLANNE B		- 1	1.2 NAME		L Change L	Addition \$\frac{\pi}{\pi}\$	
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NAME	<u> </u>		6.2 NA	6.2 NAME				
STREET ADDRESS			6.3 ST	REET A	NODRESS			
^ITV. <u>e</u> Ţ. <u>Ţ</u> ID			6.4 CIT					
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 suppliemental 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.								

IDIVE, Inc.



July 19, 1999

Secretary of State Division of Corporation Annual Reports Filing P.O. Box 1500 Tallahassee, FL 32302-1500

Dear Secretary of State:

In reply to: Annual Report for IDIVE, Inc. Tax id#65-0703077

Enclosed please find check no. 1190 in the amount of \$150. This check is in replacement of check no. 1162 previously issued on March 8, 1999 in payment of our annual reporting charge for IDIVE, Inc.

We have taken the necessary steps to stop payment on the originally issued check, (no. 1162) as confirmed by our issuing bank, Washington Mutual under confirmation no. 11352184.

Thank you for your prompt attention to this matter.

If you have any questions, please contact me at (954) 426-3203.

Sincerely,

ARLANNE B. THEALL

President

Enclosures