

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

FILED  
May 07 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 # P96000094670 (2)

1. Corporation Name  
I.D.E.A. INTERNATIONAL INC.

Principal Place of Business  
406 SARASOTA QUAY  
SARASOTA FL 34236

Mailing Address  
406 SARASOTA QUAY  
SARASOTA FL 34236-4844



2. Principal Place of Business  
21 16065 NW 64th AVE  
Suite, Apt. #, etc.  
22 #118  
City & State  
23 MIAMI LAKES, FLA.  
Zip  
24 33014  
Country  
25 U.S.A.

2a. Mailing Address  
26 16065 NW 64th AVE  
Suite, Apt. #, etc.  
27 #118  
City & State  
28 MIAMI LAKES, FLA.  
Zip  
29 33014  
Country  
30 U.S.A.

3. Date Incorporated or Qualified  
11/15/1986

3a. Date of Last Report

4. FEI Number  
65 0709262

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

FUCCI, ANTHONY  
406 SARASOTA QUAY  
SARASOTA FL 34236

10. Name and Address of New Registered Agent

81 Name  
ANTHONY FUCCI  
82 Street Address (P.O. Box Number is Not Acceptable)  
16065 NW 64th AVE  
83 #118  
84 City  
MIAMI LAKES FL 85 Zip Code  
33014

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  
ANTHONY FUCCI - PRESIDENT

(NOTE: Registered Agent signature required when reinstating)

4-29-97  
DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
	P.I.D.C.	ANTHONY FUCCI	16065 NW 64th AVE #118	<input type="checkbox"/>	<input checked="" type="checkbox"/>
			MIAMI LAKES FLA. 33014	<input type="checkbox"/>	<input type="checkbox"/>
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>

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:

ANTHONY FUCCI

4-29-97

305-231-0523

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

0427082

CR2E034 (9/96)