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May 15, 1999 8:00 am
Secretary of State

05-15-1999 90019 009 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000011121

1. Corporation Name
IDEA SOFTWARE, INC.

Principal Place of Business

1512 SW BERMEL AVENUE
PT ST LUCIE FL 34953
US

Mailing Address

1512 SW BERMEL AVENUE
PT ST LUCIE FL 34953
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/31/1997

4. FEI Number

59-3425534

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 owes the current year Intangible
Personal Property Tax.

☐ Yes ☐ No

2. Principal Place of Business

21 5143 Dockside Dr

Suite, Apt. #, etc.

22 City & State

23 Orlando, FL 32822

24 Zip 32822 25 Country USA

2a. Mailing Address

26 5143 Dockside Dr

Suite, Apt. #, etc.

27 City & State

28 Orlando, FL

29 Zip 32822 30 Country USA

9. Name and Address of Current Registered Agent

STAHLHOOD, BENJAMIN
1512 SW BERMEL AVENUE
PT ST LUCIE FL 34953

10. Name and Address of New Registered Agent

81 Name Benjamin Stahlhood

82 Street Address (P.O. Box Number is Not Acceptable)

83 5143 Dockside Dr

84 City Orlando

FL

85 Zip Code 32822

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 Agent signature required when reinstating)

Vice President

5/16/99

DATE

12. OFFICERS AND DIRECTORS

TITLE DPT
NAME VOTAPKA, KENNETH
STREET ADDRESS 8405 75TH CT
CITY-ST-ZIP VERO BEACH FL 32967

TITLE DV
NAME STAHLHOOD, BENJAMIN
STREET ADDRESS 1512 SW BERMEL AVENUE
CITY-ST-ZIP PT ST LUCIE FL 34953

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DPT
1.2 NAME VOTAPKA, KENNETH
1.3 STREET ADDRESS 1366 NORTHGATE CIR 102B
1.4 CITY-ST-ZIP OVIEDO, FL 32765

2.1 TITLE DV
2.2 NAME Stahlhood, Benjamin
2.3 STREET ADDRESS 5143 Dockside Dr
2.4 CITY-ST-ZIP Orlando FL 32822

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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, with all other like empowered.

SIGNATURE: Benjamin Stahlhood 5/16/99 (407) 916-3517

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)