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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000033120

IDM ENTERDRICES INC

FILED Apr 16, 1999 8:00 am Secretary of State

04-16-1999 90014 015 ***150.00

OTHW LIVE	rerprises, inc.									
Principal Place	of Rusiness	Mailing Address							HEAR BEIN 1881	
22229 COLLING	•	22229 COLLINGTON DRIV	E							
BOCA RATON F		BOCA RATON FL 33428								
						DO NOT WRIT	E IN THIS	SPACE		
						3. Date Incorporated or Qualifed				
	·					04/11/1997		1 1	aliad For	
2. Principal Place of Business		2a. Mailing Address				4. FEI Number	ے۔ جسنے	·	olied For	
21		Suite Apt # ats				65-0741560		\$8.75 A		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired		Fee Re			
22 City & State		27 City & State			s Election Campaign Financing		\$5.00	May Re		
23		28			6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees					
Zip	Country	Zip	Co	untry		8. This corporation owes the curre	ent year Inta	ingible		
24	25	29	30			Personal Property Tax.			□No	
	9. Name and Address of Curren					10. Name and Address of New R	egistered A	Agent		
		•		81	Name	•				
MEDAGLIA, ROSANNE					Street Addr	ess (P.O. Box Number is Not Acceptable)				
22229 COLLINGTON DRIVE						000 (F.O. Box (14.10)		***		
BOC	A RATON FL 33428			83					ļ	
				84	City			85 Zip C	ode	
	•			1	•		<u>FL</u>	1 1 '		
11. Pursuant	egistered agent, or both, in the State.	2 and 607.1508, Florida State of Florida, Such change was	ites, the a	above-l	named corp	oration submits this statement for the on's board of directors. I hereby accep	purpose of o t the appoin	changing its itment as re	registered gistered	
agent. I a	m familiar with, and accept the obliga	itions of, Section 607.0505, F	lorida Sta	itutes.	ie corporatio					
agent. I a	m familiar with, and accept the obliga	itions of, Section 607,0505, F	iorida Sta	nutes.						_ ا
agent. I ai	rn familiar with, and accept the obligations of the state	nt and title if applicable. (NO	CE: Registere	itutes. ed Agent s		id when reinstating)	DATE			(80)
agent. I ai	m familiar with, and accept the obligation of registered age OFFICERS AN	itions of, Section 607,0505, F	E: Registere	itutes. ed Agent s			DATE			(41/00)
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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 en ap attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-13-99 56+487-1170