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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P97000035584

1. Corporation Name

IDEAL MANAGEMENT CONCEPTS, INC.

Principal Place of Business Mailing Address				•	
254 COUNTY ROAD 427 SOUTH 254 COUNTY ROAD 427 SOUTH		TH .		•	
SUITE 132 SUITE 132			DO NOT WRITE IN TH	IS SPACE	
LONGWOOD FL 32750 LONGWOOD FL 32750			3. Date Incorporated or Qualifed		
				04/18/1997	
2. Principal Place of Business 2a. Mailing Address			4. FEI Number	Applied For	
26 P.O. Box		41705	_59-3453567	Not Applicable	
		Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional
27		27			Fee Required
··· · · · · · · · · · · · · · · · ·		City & State	~ 1	6. Election Campaign Financing	\$5.00 May Be
23 28 7			<u> </u>	Trust Fund Contribution	Added to Fees
Zip	Country	Zip '	Country	8. This corporation owes the current year	Intangible ☑Yes □No
24	[25]	29 38794-1705 30	<u> </u>	Personal Property Tax. 10. Name and Address of New Registere	
	9. Name and Address of Currer	t Registered Agent	81 Name	10. Name and Address of New Rogisters	- Agoin
BROWN, RONALD					
254 COUNTY ROAD 427 SOUTH			82 Street Addr	ress (P.O. Box Number is Not Acceptable)	
SUITE 132			83		
LONGWOOD FL 32750					
2011011000 12 02.100			84 City	F	85 Zip Code
44 5	As the association of Footions 607 OF	2 and 607 1508 Florida Statutes	the above-named corn	poration submits this statement for the purpose	of changing its registered
office or re agent. I a	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was authorising of, Section 607.0505, Florida	ofized by the corporation Statutes.	oration submits this statement for the purpose on's board of directors. I hereby accept the app	ointment as registered
SIGNATURE	6ignature, typed or printed name of registered age	and title if applicable (NOTE: Rec	gistered Agent signature require	d when reinstating) DATE	
12.		ID DIBECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
TITLE	D	DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	BROWN, RONALD		1.2 NAME		
STREET ADDRESS	Direction, Notate		1.3 STREET ADDRESS		
CITY+ST-ZIP	LONGWOOD FL 32750		1.4 CITY-ST-ZIP		
TITLE		☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS	المتعمرة والمستعرب والمتاهدة	-
CITY-ST-ZIP			2. 4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS	_		3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition (
NAME	,		5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY+ST-ZIP		
	######################################	☐ DELETÉ	6.1 TITLE		☐ Change ☐ Addition
NAME STATE	3 135		6.2 NAME		

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 an other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE: >

CITY-ST-ZIP

STREET ADDRESS TO THE REAL SECTION OF STREET ADDRESS TO THE SECTION OF STREET ADDRESS TO

FILED Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90039 017 ***150.00