

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

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Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90039 017 ***150.00

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.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
 254 COUNTY ROAD 427 SOUTH
 SUITE 132
 LONGWOOD FL 32750

Mailing Address
 254 COUNTY ROAD 427 SOUTH
 SUITE 132
 LONGWOOD FL 32750

3. Date Incorporated or Qualified
04/18/1997

2. Principal Place of Business
 21
 Suite, Apt. #, etc.
 22

2a. Mailing Address
 26 **P.O. Box 941705**
 Suite, Apt. #, etc.
 27

4. FEI Number
59-3453567

Applied For
 Not Applicable

City & State
 23
 City & State
 28 **Maitland FL**

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

Zip Country
 24
 Zip Country
 29 **32794-1705** 30

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BROWN, RONALD
 254 COUNTY ROAD 427 SOUTH
 SUITE 132
 LONGWOOD FL 32750

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City **FL** 85 Zip Code

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 *Ronald E. Brown, Jr.* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, RONALD	1.2 NAME	
STREET ADDRESS	254 COUNTY ROAD 427, SUITE 132	1.3 STREET ADDRESS	
CITY-ST-ZIP	LONGWOOD FL 32750	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *Ronald E. Brown, Jr.* 4/13/99 (407) 260-1513
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)