

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

FILED

May 11 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P97000040812 (4)**

1. Corporation Name

I.D.E.A.S. CONSULTING GROUP, INC.

Principal Place of Business

**2455 E. SUNRISE BLVD. #502
FORT LAUDERDALE FL 33304**

Mailing Address

**2455 E. SUNRISE BLVD. #502
FORT LAUDERDALE FL 33304**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/08/1997

2. Principal Place of Business

2a. Mailing Address

21 3920 Riverland Rd.

26 3920 Riverland Rd.

4. FEI Number

65-0528762

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 or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

**SCHNITZER, GERALD S
2455 E. SUNRISE BLVD. #502
FORT LAUDERDALE FL 33304**

10. Name and Address of New Registered Agent

81 Name

John Gandia

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

3920 Riverland Rd.

83

84 City

Ft. Lauderdale, Fl. FL

85 Zip Code

33312

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

John D. Sander
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4/27/98

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	SCHNITZER, GERALD S	
STREET ADDRESS	2455 E. SUNRISE BLVD. #502	
CITY-ST-ZIP	FORT LAUDERDALE FL 33304	

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

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

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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	John Gandia	
1.3 STREET ADDRESS	3920 Riverland Rd.	
1.4 CITY-ST-ZIP		

2.1 TITLE	Ft. Lauderdale Tres.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	George W. Pearson	
2.3 STREET ADDRESS	2121 SW 52nd Ave.	
2.4 CITY-ST-ZIP	Plantation, Fl	

3.1 TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Anne M. Berube	
3.3 STREET ADDRESS	3920 Riverland Rd.	
3.4 CITY-ST-ZIP	Ft. Lauderdale, Fl.	

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.

SIGNATURE:

John D. Sander

4/27/98

CR2E034 (10/97)