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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name

P97000076428 (6)

IDM, INC.

FILED
Apr 28 1998 8:00am
Secretary of State

561-788-6645

	 															
Principal Place of Business Mailing Address]				******	(BEN: 14a.	9 Beres 6-6-	******	## P## 1
SUITE 100	ST HILL BOUI			12230 FOREST HILL BOULEVARD SUITE 100												
WELLINGTON FL 33414-5786			WELLING	WELLINGTON FL 33414-5786					DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified							
										ncorporat)4/1997	ed or Qua	alified				
2. Principal (Place of Busi	ness	2a. Mailir	2a. Mailing Address				4	4. FEI NO		0.605				Applic	ed For
21			26						59	<u>-263</u>	8625					ppticable
Suite, Apt	. #, BtC.		Suite	Suite, Apt. #, etc.					5. Certific	cate of Sta	atus Desir	red		\$8.75 Fee	5 Add Regul	
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23			28						Trust F	und Con	tribution				d to F	
Zip		Country Zip			Country			8. This co	orporation	owes or	has pai	id the cur	rent year	Intanç	jible	
24		25	29	<u> </u>	30						ty Tax du			Yes	<u> </u>	lo
		and Address of Cu	rrent Registered	Agent		-	<u> </u>		D. Name	and Add	ress of N	ew Rec	sistered .	Agent		
		LAWRENCE E				81	Name	ė								
	230 FORES Jite 100	ST HILL BOULEVAR	RD				Stree	ot Address (P.O. Box Number is Not Acceptable)								
		FL 33414-5786				83							,			
						84	City						FL	85 Zi	р Сос	le
11. Pursuant	to the provis	ions of Sections 607	0502 and 607.150	8, Florida Statu	ites, the a	above	-name	od corporati	tion subm	its this sta	atement fo	or the p	urpose of	changing	its re	gistered
agent. I	registered ag am fam iliar w	gent, or both, in the S ith, and accept the o	bligations of, Secti	ion 607.0505, F	lorida Sta	ea by stutes	the co	orporation s	s board o	i airectors	s. i nereby	/ accep	t the app	oiniment i	as reg	listerea
SIGNATURE																
	Signature, typed	or penied name of registere					nt signatu	nte todhited My					DATE			
12.	- -	OFFICERS	AND DIRECTORS		13.				ADDITIO	ONS/CHA	NGES TO	OFFIC	ERS AND	DIRECTO		
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14. I hereby	certify that th	e information supplie	d with this filling do	oes not qualify	for the ex	empt	ion sta	ted in Sect	tion 119.0	07(3)(i), FI	orida Stat	cutes. I f	urther ce	rtify that th	ne info	ormation
officer or	director of the	ial report or supplem ie corporation or the if changed, or on an	receiver or trustee	empowered to	curate ar execute	nd tha this r	t my s eport a	ignature sh as required	hall have i i by Chap	the same oter 607, F	tegal effe Torida Sta	ct as if a	made un and that n	der oath; i ny name a	that I a appea	am an rs in
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Keuin Brennan