

**FILED**  
**Apr 25, 1999 8:00 am**  
**Secretary of State**

04-25-1999 90041 012 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P98000062999</b>			
1. Corporation Name <b>IDHEM CORPORATION</b>			
Principal Place of Business 5156 CENTRAL AVE. C/O CAROL MCTEE, CPA ST. PETERSBURG FL 33707		Mailing Address 5156 CENTRAL AVE. C/O CAROL MCTEE, CPA ST. PETERSBURG FL 33707	
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 21 <b>State Rd. 7</b> Suite, Apt. #, etc.		2a. Mailing Address 28 <b>11044 - NW 8th Ct.</b> Suite, Apt. #, etc.	
22 City & State 23 <b>Margate, FL</b> Zip Country 24 <b>33063</b> 25		27 City & State 28 <b>Coral Springs, FL</b> Zip Country 29 <b>33071</b> 30	
3. Date Incorporated or Qualified <b>07/16/1998</b>		4. FEI Number <b>65-0890901</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
8. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent <b>MCATEE, CAROL</b> <b>5156 CENTRAL AVE.</b> <b>ST. PETERSBURG FL 33707</b>		10. Name and Address of New Registered Agent 81 Name <b>Raza Mehdi</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>11044 - NW 8th Ct.</b> 83 84 City <b>Coral Springs</b> FL 85 Zip Code <b>33071</b>	
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 <u><b>Raza Mehdi</b></u> <b>PRESIDENT</b> DATE <b>4-20-1999</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT</b> <input type="checkbox"/> DELETE <b>RAZA MEHDI</b> <b>1441 N. STATE ROAD 7</b> <b>MARGATE FLORIDA 33063</b>	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VICE PRESIDENT</b> <input type="checkbox"/> DELETE <b>CARDUNE MEHDI</b> <b>1441 N STATE ROAD 7</b> <b>MARGATE FLORIDA 33063</b>	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Raza Mehdi** **PRESIDENT** DATE **4-20-99** Daytime Phone # **954-970 6894**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (1/98)