## **PROFIT** CORPORATION ANNUAL REPORT

1999



### FLORIDA DEPARTMENT OF STATE

#### Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

#### DOCUMENT # P98000070081 1. Corporation Name

# **FILED** Apr 19, 1999 8:00 am Secretary of State

04-19-1999 90132 011 \*\*\*150.00

THE IDEA FARM, INC.										
5: 1 15:		te-line Address				-		ill dann afha.		•
Principal Place		Mailing Address								
2122 PARK PLA BOCA RATON		2122 PARK PLACE BOCA RATON FL 33486				DO NOT WRITE IN THIS SPACE				
						3. Date Incorporated or Qualifed				
						08/07/1998				t
2. Principal Place of Business 2a. Mailing Address						4. FEI Number	^	Ap	plied For	
2126			· · · · · ·			65-086889	<u>人</u>	No	t Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.						5. Certificate of Status Desired		\$8.75		
22	<u></u>	27	7			0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0		Fee Re	quired	
City & State		City_& State	City & State			6Siection Campaign Financing	<u> </u>		May Be	~~~\ 
23		28				Trust Fund Contribution		Added I	o Fees	,
Zip	Country	Zip	Cou	intry		8. This corporation owes the current		igible M≟Yes	□No	ľ
24	25	29 3	0			Personal Property Tax.  10. Name and Address of New Re		<del></del>		
	9. Name and Address of Curre	m Keğisteren Ağem		81 N	Name	10. Name and Address of Now Ita	Sistered W	JU111		
RES	SE, SUZANNE			L						·
	PARK PLACE			82 S	Street Addre	ess (P.O. Box Number is Not Acceptab	He)			
	A RATON FL 33486			83						
	, , , , , , , , , , , , , , , , , , , ,	•								
				84 0	City		EI :	85 Zip (	Code	١.
as Duminasi	to the appringers of Sections 607 050	22 and 607 1508 Florida Statutes	the a	hove-na	amed como	ration submits this statement for the p	urpose of ch	anging its	registered	:
office of D	edistered egent or hold, in the State	ol Florida. Such change was aut	nonzec	שוט עכון	e corporation	n's board of directors. I hereby accept	the appoint	nent as re	gistered	
agent. I a	m familiar with, and accept the obliga	ations of, Section 807.0505, Florid	ia Sian	_ JI85.					ĺ	•
SIGNATURE										ι
	Stockhile, typed of poetad rustle of registered age	nt and trie if applicable. (NOTE: R	agistered	Agent sig	gnature required	when reinstating)	DATE		<del></del> }	<u> </u>
12.	Signature, typed or printed name of registered age OFFICERS AN	IN and title if applicable. (NOTE: R ND DIRECTORS	egistered 13.	Agent sig	gnature required	when reinstating) ADDITIONS/CHANGES TO OFFI		DIRECTO		(86/
12. TITLE	OFFICERS AN		_		gnature required		CERS AND	DIRECTO	RS IN 12	(11/98)
	OFFICERS AN	NO DIRECTORS	13.	n.e	gnature required		CERS AND			34.(11/98)
TITLE	OFFICERS AN	NO DIRECTORS	13. 1.1 TH 12 N	n.e			CERS AND			E034 (11/98)
TITLE NAME	OFFICERS AND SERVICE SUZANNE	NO DIRECTORS	13. 1.1 TH 12 NJ 13 ST	TLE VME	)ORESS		CERS AND	Change	☐ Addition	R2E034 (11/98)
TITLE NAME STREET ADDRESS	OFFICERS AF D S BERSE, SUZANNE 2122 PARK PLACE	NO DIRECTORS	13. 1.1 TH 12 NJ 1.3 ST	TLE UME REET ADI	)ORESS		CERS AND			CR2E034 (1.1/98)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AF D S BERSE, SUZANNE 2122 PARK PLACE	NO DIRECTORS  DELETE	13. 1.1 TH 12 NV 13 ST 14 CF	TLE UME REET ADI TY-ST-ZI	)ORESS		CERS AND	Change	☐ Addition	CR2E034_(11/98)_
TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE	OFFICERS AF D S BERSE, SUZANNE 2122 PARK PLACE	NO DIRECTORS  DELETE	13. 1.1 TH 12 NA 13 ST 14 CF 2.1 TH 2.2 NA	TLE UME REET ADI TY-ST-ZI	DORESS IP		CERS AND	Change	☐ Addition	CR2E034 (1.1/98)
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS AF D S BERSE, SUZANNE 2122 PARK PLACE	NO DIRECTORS  DELETE  DELETE	13. 1.1 TH 12 N/ 13 ST 14 CT 2.1 TH 22 N/ 23 ST	TLE NME REET ADO TY-ST-ZII TLE	DORESS IP		CERS AND	Change	Addition	CR2E034_(11/98)_
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	OFFICERS AF D S BERSE, SUZANNE 2122 PARK PLACE	NO DIRECTORS  DELETE	13. 1.1 TH 12 NA 13 ST 1.4 CF 2.1 TH 2.2 NA 2.3 ST 2.4 CR	TLE  WE REET ADI TY-ST-ZI TLE WE REET ADI TY-ST-ZI TY-ST-ZI	DORESS IP		CERS AND	Change	☐ Addition	CR2E034 (11/98).
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AF D S BERSE, SUZANNE 2122 PARK PLACE	NO DIRECTORS  DELETE  DELETE	13. 1.1 TH 1.2 N/ 1.3 ST 1.4 Cr 2.1 TH 2.2 N/ 2.3 ST 2.4 Cr	TLE  WE REET ADI TY-ST-ZI TLE WE REET ADI TY-ST-ZI TY-ST-ZI	DORESS IP		CERS AND	Change	Addition	CR2E034 (11/98)
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS AF D S BERSE, SUZANNE 2122 PARK PLACE	NO DIRECTORS  DELETE  DELETE	13. 1.1 TI 1.2 NA 1.3 ST 1.4 CF 2.1 TII 2.2 NA 2.3 ST 2.4 CF 2.3 1-TII 3.2 NA	TLE  WE REET ADI TY-ST-ZI TLE WE REET ADI TY-ST-ZI TY-ST-ZI	DORESS DORESS		CERS AND	Change	Addition	CR2E034_(1,1/98)_
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME	OFFICERS AF D S BERSE, SUZANNE 2122 PARK PLACE	NO DIRECTORS  DELETE  DELETE	13. 1.1 TH 12 NA 1.3 ST 1.4 CF 2.1 TH 2.2 NA 2.3 ST 2.4 CF 3.1 TH 3.2 NA 3.3 ST 3.4 CF	REET ADO	DORESS IP DORESS		CERS AND	Change Change	Addition Addition	CR2E034 (11/98)
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	OFFICERS AF D S BERSE, SUZANNE 2122 PARK PLACE	NO DIRECTORS  DELETE  DELETE	13. 1.1 TH 12 NM 13 ST 14 CF 2.1 TH 22 NM 23 ST 2.4 CF 3.1 TH 3.2 NM 3.3 ST 3.4 CF 4.1 TH	REET ADO	DORESS IP DORESS		CERS AND	Change	Addition	CR2E034_(11/98)_
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITL F NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AF D S BERSE, SUZANNE 2122 PARK PLACE	NO DIRECTORS  DELETE  DELETE	13. 1.1 TI 12 NV 13 ST 14 CF 2.1 TII 22 NA 23 ST 2.4 CF 3.1 TII 3.2 NA 3.3 ST 3.4 CF 4.3 TII 4.2 NV	TLE TY-ST-ZI TLE ME REET ADD TY-ST-ZI TLE ME REET ADD TY-ST-ZI TLE TY-ST-ZI TLE AME	DORESS DORESS DORESS		CERS AND	Change Change	Addition Addition	CR2E034 (11/98)
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLF NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS AF D S BERSE, SUZANNE 2122 PARK PLACE	NO DIRECTORS  DELETE  DELETE	13. 1.1 TI 12 NV 13 ST 14 CF 2.1 TII 22 NA 23 ST 2.4 CF 3.1 TII 3.2 NA 3.3 ST 3.4 CF 4.3 TII 4.2 NV	REET ADO	DORESS DORESS DORESS		CERS AND	Change Change	Addition Addition	CR2E034_(11/98)_
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AF D S BERSE, SUZANNE 2122 PARK PLACE	O DIRECTORS  DELETE  DELETE  DELETE	13. 1.1 TII 1.2 NA 1.3 ST 1.4 CI 2.1 TII 2.2 NA 2.3 ST 2.4 CI 3.1 TII 4.2 NA 4.3 ST 4.4 CII 4.4 CII	TLE  WHE  REET ADM  TY-ST-ZI  TY-ST-ZI  TY-ST-ZI  TY-ST-ZI  TY-ST-ZI  AME  REET ADM  TY-ST-ZI  REET ADM  TY-ST-ZI  REET ADM	DORESS DORESS DORESS DORESS		CERS AND	Change Change Change	Addition  Addition  Addition	CR2E034_(11/98)_
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS AF D S BERSE, SUZANNE 2122 PARK PLACE	NO DIRECTORS  DELETE  DELETE	13. 1.1 TIT 12 NA 1.3 ST 1.4 CIT 22 NA 23 ST 2.4 CI 3.3 TIT 3.2 NA 3.3 ST 3.4 CI 4.1 TIT 4.2 NA 4.3 ST 4.4 CIT 5.1 TIT 5.1 TIT	TLE TY-ST-ZI	DORESS DORESS DORESS DORESS		CERS AND	Change Change	Addition Addition	CR2E034.(11/98).
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS AF D S BERSE, SUZANNE 2122 PARK PLACE	O DIRECTORS  DELETE  DELETE  DELETE	13. 1.1 TIT 12 NA 1.3 ST 1.4 CF 2.1 TIT 2.2 NA 2.3 ST 2.4 CF 2.3 ST 3.4 CF 4.1 TIT 4.2 NA 4.3 ST 4.4 CF 5.1 TIT 5.2 NA	ILE INVETABLE	OORESS IP OORESS IP OORESS		CERS AND	Change Change Change	Addition  Addition  Addition	CR2E034.(11/98).
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	OFFICERS AF D S BERSE, SUZANNE 2122 PARK PLACE	O DIRECTORS  DELETE  DELETE  DELETE	13. 1.1 TIT 12 NA 13.5 T 14.GC 2.1 TIT 12 NA 13.5 T 2.4 CC 2.3 T 32.NA 13.5 T 34.GC 4.1 TIT 4.2 NA 4.3 ST 4.4 CC 5.1 TO 5.2 NA 15.3 ST 10.5 T	TREET ADD TY-ST-ZII THE REET ADD TY-ST-ZII TY-ST-ZII TY-ST-ZII REET ADD	OORESS OORESS OORESS OORESS		CERS AND	Change Change Change	Addition  Addition  Addition	CR2E034.(11/98).
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AF D S BERSE, SUZANNE 2122 PARK PLACE	DELETE  DELETE  DELETE	13. 1.1 TIT 12 NA 1.3 ST 1.4 CF 2.1 TIT 22 NA 2.3 ST 2.4 CF 3.1 TIT 3.2 NA 4.2 TIT 4.2 NA 4.3 ST 4.4 CF 5.1 TIT 5.2 NA 5.3 ST 5.4 CF 5.4 CF 5.4 CF 5.5 TIT 5.5	ILE IREET ADI ITY-ST-ZII ILE IME IREET ADI ITY-ST-ZII IT	OORESS OORESS OORESS OORESS		CERS AND	Change  Change  Change  Change	Addition  Addition  Addition  Addition	CR2E034_(11/98)
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS AF D S BERSE, SUZANNE 2122 PARK PLACE	O DIRECTORS  DELETE  DELETE  DELETE	13. 1.1 TIT 12 NA 1.3 ST 1.4 CF 2.1 TIT 22 NA 2.3 ST 2.4 CF 2.3 TIT 32 NA 3.3 ST 3.4 CF 4.1 TIT 4.2 NA 4.3 ST 4.4 CF 5.1 TIT 5.2 NA 5.3 ST 5.4 CF 6.1 TIT	ILE INVETAGE INVETAGE ILE INVETAGE INVE	OORESS OORESS OORESS OORESS		CERS AND	Change Change Change	Addition  Addition  Addition	CR2E034_(11/98)
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS AF D S BERSE, SUZANNE 2122 PARK PLACE	DELETE  DELETE  DELETE	13. 1.1 TIT 12 NA 1.3 ST 1.4 CF 2.1 TIT 22 NA 2.3 ST 2.4 CF 2.3 ST 3.4 CF 4.1 TIT 4.2 NA 4.3 ST 4.4 CF 5.1 TIT 5.2 NA 5.3 ST 5.4 CF 6.1 TIT 6.2 NA	ILE INVETAGE INVETAGE ILE INVETAGE INVE	OORESS DOORESS DOORESS DOORESS DOORESS DOORESS DOORESS		CERS AND	Change  Change  Change  Change	Addition  Addition  Addition  Addition	CR2E034_(11/98)
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS AF D S BERSE, SUZANNE 2122 PARK PLACE	DELETE  DELETE  DELETE	13. 1.1 TIT 12 NA 1.3 ST 1.4 CF 2.1 TIT 2.2 NA 2.3 ST 2.4 CF 2.3 -3 TIT 3.2 NA 3.3 ST 3.4 CF 4.1 TIT 4.2 NA 4.3 ST 5.4 CF 5.5 TIT 5.2 NA 6.1 TIT 6.2 NA 8.3 ST 6.3 ST 6.3 ST 6.3 ST 6.3 ST 6.4 ST 6.3	ILE INVETAGE INVETAGE ILE INVETAGE INVE	OORESS DORESS DORESS P OORESS P		CERS AND	Change  Change  Change  Change	Addition  Addition  Addition  Addition	CR2E034_(11/98)

14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), Florida Statutes. I further certify that the informati 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: X SIGNATURE

Similar		RELIEF OR DE	PSD
ATURE AND TYPED OR	PRINTED NAME OF	KINNG OFFICER OR DE	RECTOR

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