

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mathman  
Secretary of State  
DIVISION OF CORPORATIONS

**APPROVED  
AND  
FILED**

DOCUMENT # **V32673 (8)**  
1. Corporation Name  
**IDAB INTERNATIONAL, INC.**

2000-1 18 5:42  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business: **3200 W. 84TH ST HALEAH FL 33016**  
Mailing Address: **3200 W. 84TH ST HALEAH FL 33016**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **04/29/1992** 3a. Date of Last Report: **05/01/1994**  
4. FEI Number: **54-1629436** Applied For:  Not Applicable:   
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing:  **\$5.00 May Be Added to Fees**  
7. This corporation has liability for intangible tax under s. 199.032 Florida Statutes:  Yes  No

2. Principal Place of Business: 2a. Mailing Address:  
21. State: **VA** 26. **One Enterprise Parkway**  
22. City & State: **Hampton, Virginia**  
23. Zip: **23666**  
24. 25. 29. 30.

9. Name and Address of Current Registered Agent:  
**CHRISTIN, NICHOLAS E.  
2655 LEJEUNE RD.  
SUITE 1101  
CORAL GABLES FL**

10. Name and Address of New Registered Agent:  
81. Name:  
82. Street Address (P.O. Box Number is Not Acceptable):  
83. City:  
84. City: **FL** 85. Zip Code:

11. Pursuant to the provisions of Sections 607.0503 and 607.1504, 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 607.0503, Florida Statutes.

SIGNATURE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS ONLY	
TITLE: <b>D</b>	<b>EKSTROM, TORSTEN</b>	1. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME:	<b>ONE ENTERPRISE PKWY SUITE 300</b>	1. NAME:	
STREET ADDRESS:	<b>HAMPTON VA 23666</b>	1. STREET ADDRESS:	
CITY, ST, ZIP:		1.4 CITY, ST, ZIP:	
TITLE: <b>D</b>	<b>BONNIER, SIMON</b>	2. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME:	<b>ONE ENTERPRISE PKWY SUITE 300</b>	2. NAME:	
STREET ADDRESS:	<b>HAMPTON VA 23666</b>	2. STREET ADDRESS:	
CITY, ST, ZIP:		2.4 CITY, ST, ZIP:	
TITLE: <b>D</b>	<b>PERRY, WAYNE</b>	3. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME:	<b>ONE ENTERPRISE PKWY SUITE 300</b>	3. NAME:	
STREET ADDRESS:	<b>HAMPTON VA 23666</b>	3. STREET ADDRESS:	
CITY, ST, ZIP:		3.4 CITY, ST, ZIP:	
TITLE: <b>D</b>	<b>CITRON, JOEL-TOMAS</b>	4. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME:	<b>ONE ENTERPRISE PKWY SUITE 300</b>	4. NAME:	
STREET ADDRESS:	<b>HAMPTON VA</b>	4. STREET ADDRESS:	
CITY, ST, ZIP:		4.4 CITY, ST, ZIP:	
TITLE: <b>D</b>	<b>RYGH, OLE B.</b>	5. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME:	<b>ONE ENTERPRISE PKWY SUITE 300</b>	5. NAME:	
STREET ADDRESS:	<b>HAMPTON VA</b>	5. STREET ADDRESS:	
CITY, ST, ZIP:		5.4 CITY, ST, ZIP:	
TITLE: <b>D</b>	<b>NAYLOR, ROBERT DR.</b>	6. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME:	<b>ONE ENTERPRISE PKWY SUITE 300</b>	6. NAME:	
STREET ADDRESS:	<b>HAMPTON VA</b>	6. STREET ADDRESS:	
CITY, ST, ZIP:		6.4 CITY, ST, ZIP:	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.032, 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 responsible to execute the report as required by Chapter 199, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on an attachment with an address.

SIGNATURE: **J.D. Kirkwood, VP/Treas. 4/25/95 (804) 825-2260**  
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR