

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **V32673 (8)**

1. Corporation Name
IDAB INTERNATIONAL, INC.



Principal Place of Business

**3200 W. 84TH ST.
HIALEAH FL 33016**

Mailing Address

**ONE ENTERPRISE PKWY
STE 300
HAMPTON VA 23666
US**

2. Principal Place of Business

2a. Mailing Address

21 **161 ENTERPRISE DRIVE**
State, Apt. #, etc.

26 **P.O. BOX 3203**
State, Apt. #, etc.

22 City & State

27 City & State

23 **NEWPORT NEWS, VA**

28 **NEWPORT NEWS, VA**

24 Zip Country

29 Zip Country

24 **23603**

29 **23603**

9. Name and Address of Current Registered Agent

**CHRISTIN, NICHOLAS E.
2655 LEJEUNE RD.
SUITE 1101
CORAL GABLES FL**

3. Date Incorporated or Qualified
04/29/1992

3a. Date of Last Report
05/01/1995

4. FEI Number
54-1629436

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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code
FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1502, 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 607.0502, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

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14. I do hereby certify that the information supplied with this filing was voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(a), 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 director or officer or trustee employed to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of changes, or on an attachment with an address.

SIGNATURE:

[Handwritten Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/91 *804 888 1010*
DATE OF SIGNATURE DATE OF PHONE CALL

CR2E034 (12/95)