

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

May 18 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **V54423** (1)
1. Corporation Name
IDC-INTERNATIONAL DEVELOPERS COMPANY, INC.



Principal Place of Business
**P.O. BOX 5249
NICEVILLE FL 32578
US**

Mailing Address
**P.O. BOX 5249
NICEVILLE FL 32578
US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 155 Crystal Bch Dr		2a. Mailing Address 155 Crystal Bch Dr		3. Date Incorporated or Qualified 07/27/1992	
21. Suite, Apt. #, etc Suite 101		27. Suite, Apt. #, etc Same		4. FEI Number 59-3138066	
22. City & State Destin, FL		28. City & State Destin, FL		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23. Zip 32541		29. Zip 32541		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24. Country Okaloosa		30. Country Okaloosa		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent HERDEN, RAIMUND 4400 HWY 20 E. SUITE 212 NICEVILLE FL 32578				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 607.1508, 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 **Christopher H. Poate** 4/21/98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C KRONE, DIETER WURZERSTRASSE 25 D-53175 BONN GERMANY	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	P HERDEN, RAIMUND 124 CANTERBURY CIRCLE NICEVILLE FL 32578	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	VP POATE, CHRIS 4441 TURNBERRY PLACE NICEVILLE FL 32578	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SCHOENFELD, BURGHARD 110 GLENEAGLES DRIVE NICEVILLE FL 32578	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SCHOENFELD, BURGHARD 110 GLENEAGLES DRIVE NICEVILLE FL 32578	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		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 in an attachment with an address.

SIGNATURE: **Christopher H. Poate** 5 850-650-5571

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone # 0511448

CR2E034 (10/97)