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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V56689 (5) INTELLECTUAL DEVELOPMENT INTERNATIONAL, INC.							
Principal Place	e of Business	Mailing Address			A COUNT BAILED I DINE BAILE GRADE ADAIN A	iialo didii Dhaff didii did	IAA BUBII ABBU
11012 N. DALE MABRY SUITE 304 TAMPA FL 33618		11012 N. DALE MABRY SUITE 304 TAMPA FL 33618-3821					
					3. Date Incorporated or Qualified 08/06/1992	3a. Date of Last 04/26/1996	
	lace of Business	2a. Mailing Address			4. FEI Number	TO 0400F40	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			\$8.75 Additional		Not Applicable
22	w, olo.	27			5. Certificate of Status Desired		Required
City & State		City & State			6. Election Campaign Financing	\$5.0	0 May 8e
23		28			Trust Fund Contribution Added to Fees		
Zip	Country	Zip	Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes X Yes \(\sum \) No		s. 199.032,
24	25 29 30 9. Name and Address of Current Registered Agent				10, Name and Address of New Registered Agent		
DRASH, PHILIP W. 81 Name							
11012 N. DALE MABRY Suite 304			82	Street Addre	ss (P.O. Box Number is Not Acceptab	lo)	
				[]			
TAMPA FL 33618							}
			84	City		FL 85 Zi	p Code
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.							j its registered as registered
SIGNATURE	Signature, typed or printed name of registered agent	and blic if applicable (NO	ME: Registered Agen	t sionalure requirer	d when reinstating)	DATE	
12.	OFFICERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFIC		ORS IN 12
TITLE	DPS DELETE		1.1 TITLE			☐ Chang	e Addition
NAME	DRASH, PHILIP W.		1.2 NAME				
STREET ADDRESS	13130 TIFTON DR.	1.3 STHEET ADDRES					
CITY-\$T-ZIP TITLE	TAMPA FL	DELETE	1.4 CRY-ST-ZIP 2.1 TILE			Chang	e Addition
NAME	□ vata		2.1 TILLE 2.2 NAME		L		s
STREET ADDRESS			2.3 STREET #	ODRESS			
CITY-ST-ZIP			2. 4 CITY-ST-ZIP				
TITLE	DELETE		3.1 1ITLE			Chang	e 🔲 Addition
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET #	NDDRESS			
CITY-ST-ZIP	DELETE		3.4. CITY- ST	- ZIP		Chang	e 🔲 Addition
TITLE			4.1 11TLF			L_J Griang	e
NAME Street address			4. 2 NAME 4.3 STREET A	onneree .			
CITY-ST-ZIP			4.4 CITY-ST				
TITLE	DELETE		51 TITLE	<u> </u>		Chang	e 🔲 Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET A	LODRESS			
CITY-ST-ZIP			54 CITY-ST	- ZIP			
TITLE		☐ DELETE	6 / 1111.[☐ Chang	e 🔲 Addition
NAME			6.2 NAME	İ			
STREET ADDRESS	,		6.3 STREET A	ł.			
CITY-ST-ZIP 14. 1 do here!	by certify that the information supplied	with this filmo does not hua	6.4 CITY-ST lify for the exer		in Section 119.07(3)(i). Florida Statutes	Lifurlher certify th	at the

4. I do hereby certify that the information supplied with this filing does not furally 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 eath; that I am an officer or director of the corporation or the receiver or trustice enhancement to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed; eyon an attachment with an address.

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FILED

May 13 1997 8:00am

Secretary of State