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

STREET ADDRESS

SIGNATURE: Y

**PROFIT** Mar 09 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # V56689 INTELLECTUAL DEVELOPMENT INTERNATIONAL, INC. Principal Place of Business Mailing Address 11012 N. DALE MABRY 11012 N DALE MABRY DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/06/1992 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 3750 GUNN HWY, STE 1E Suite, Apt. #, etc 59-3139512 Not Applicable 26 \_37.50 GUNN HWY, STE 1E Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired TAMPA, FL TAMPA, FL Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 33624 Trust Fund Contribution 33624 Added to Fees 23 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No Country 24 25 29 Personal Property Tax due June 30. 9, Name and Address of Current Registered Agent HILLS. 10. Name and Address of New Registered Agent 81 Name DRASH, PHILIP W. TP E DRASH PHD
ess (P.O. Box Number is Not Acceptable) 11012 N. DALE MABRY SUITE 304 3750 GUNN HIGHWAY, STE 1E **TAMPA FL 33618** TAMPA, FL 33624 Zip 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 Florigia. 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 objection 607.0505, Floriga Statutes. W DRASH PHD
Reg stored Agent signature required when reinstating) SIGNATURE **ERILLP** <u>3/03/98</u> NO DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Addition Change TITLE 1.1 TITLE DRASH, PHILIP W. NAME 1.2 NAME 13130 TIFTON DR. STREET ADDRESS 1.3 STREET ADDRESS TAMPA FL CITY-ST-ZIP 1.4 City-St-ZiP DELETE Change Addition TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2 4 CITY - ST - ZIP DELETE Addition TITLE 3 1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CITY-ST-ZIP CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-7IP 4.4 CITY-ST-ZIP Addition DELETE Change TITLE 5.1 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5.4 CITY-ST-ZIP DELETE Addition TITLE 61 TITLE NAME 6.2 NAME

6.3 STREET ADDRESS

14. Thereby 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 13 if changed, or on an attachment with an address

FILED

3/3/98 (813) 960-0008