

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 251933 (8)

1. Corporation Name

I.C.Y. INC.



Principal Place of Business

**825 ARTHUR GODFREY ROAD
MIAMI BEACH FL 33140**

Mailing Address

**825 ARTHUR GODFREY ROAD
MIAMI BEACH FL 33140**

3. Date Incorporated or Qualified
10/06/1961

3a. Date of Last Report
01/17/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

4. FEI Number

59-0976824

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

9. Name and Address of Current Registered Agent

**CYPEN, IRVING
825 ARTHUR GODFREY RD
MIAMI BEACH FL 33140**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 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 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 **IRVING CYPEN**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when registering)

DATE

JAN. 16, 1996

12. OFFICERS AND DIRECTORS

TITLE **P** DELETE

NAME **CYPEN, BENJAMIN**
STREET ADDRESS **1530 CLEVELAND RD.**
CITY - ST - ZIP **MIAMI BEACH FL**

TITLE **V** DELETE

NAME **CYPEN, IRVIN G.**
STREET ADDRESS **320 W. DI LIDO**
CITY - ST - ZIP **MIAMI BEACH FL**

TITLE **S** DELETE

NAME **CYPEN, HAZEL**
STREET ADDRESS **320 W. DI LIDO**
CITY - ST - ZIP **MIAMI BEACH FL**

TITLE **D** DELETE

NAME **CYPEN, IRVING**
STREET ADDRESS **320 W. DI LIDO**
CITY - ST - ZIP **MIAMI BEACH FL**

TITLE **D** DELETE

NAME **CYPEN, MILDRED**
STREET ADDRESS **1530 CLEVELAND RD**
CITY - ST - ZIP **MIAMI BEACH FL**

TITLE DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE Change Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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, unchanged, or on an attachment with an address.

SIGNATURE:

Benjamin Cypen, Pres.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

TELEPHONE NUMBER

1/16/96

305-532-3200

CR2E034 (12/95)