

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

FILED

**Mar 21 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 306225
1. Corporation Name
I. C. SALES, INC.

Principal Place of Business Mailing Address
**801 NE 42 St
Pompano Beach, FL 33064**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21 9021 S. W 60 Terrace		26 9021 S. W. 60 Terrace		06/17/1966	04/15/96
22 State Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number	Applied For
23 Miami, Florida		28 Miami, Florida		59-1143398	Not Applicable
24 33173	25 Dade	29 33173	30 Dade	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 XXX <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
INEZ FEINGOLD 9021 S..W. 60 Terrace Miami, FL. 33173				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 _____ (NOT: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	FEINGOLD, INEZ			1.2 NAME			
STREET ADDRESS	9021 S.W. 60 TERR			1.3 STREET ADDRESS			
CITY- ST- ZIP	MIAMI FL			1.4 CITY- ST- ZIP			
TITLE	ST	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	FEINGOLD, INEZ			2.2 NAME			
STREET ADDRESS	9021 S. W. 60 TERR			2.3 STREET ADDRESS			
CITY- ST- ZIP	MIAMI, FL			2.4 CITY- ST- ZIP			
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY- ST- ZIP				3.4 CITY- ST- ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY- ST- ZIP				4.4 CITY- ST- ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY- ST- ZIP				5.4 CITY- ST- ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY- ST- ZIP				6.4 CITY- ST- ZIP			

**100002120951
-03/21/97--01109--015
***165.00**

14. I do 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 furnished 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 on an attachment with an address.

SIGNATURE: *Inez Feingold Pres*
INEZ FEINGOLD
Date: **3-1-97** Daytime Phone #: **305-271-0823**

CR2E034 (9/96)