

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 28, 2005 8:00 am
Secretary of State

02-28-2005 90220 037 ***150.00

DOCUMENT # 589658

1. Entity Name
ICS, INC.



Principal Place of Business
**2850 C STIRLING ROAD
HOLLYWOOD, FL 33020**

Mailing Address
**2850 C STIRLING ROAD
HOLLYWOOD, FL 33020**

00013863



01172005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2002274

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

ZOROVICH, FRED A.
4090 NE JOE'S POINT RD.
STUART, FL 34996
2850 STIRLING RD, Suite 2
HOLLYWOOD, FL, 33020

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ZOROVICH, FRED A 4090 NE JOE'S POINT RD. STUART, FL 34996
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP EXPOSITO, BERNIE 14232 SW 62 STREET MIAMI, FL 33183 <i>DELETE</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ZOROVICH, KAREN 4090 NE JOE'S PT STUART, FL 34996
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FREDERICK J. ZOROVICH 2850-C STIRLING RD HOLLYWOOD, FL 33020
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-19-05

Date

954-923-1446

Daytime Phone #