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PROFIT CORPORATION ANNUAL REPORT



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

	1996	C00 W1 132	DIVISION C	OF CORPORATIONS		
DOCU 1. Corporation	MENT #	596995	(1)			
ICC (CAPITAL, INC.					
²rinopat Place			Mailing Address		ı sonal atrın ibid Tilla iklib il	nant arnı anant biskir aratı debet 9191f bisili il
	INGE AVE FL 32801-3454		255 SOUTH ORANG SUITE 900 ORLANDO FL 3280			
US			US		3. Date Incorporated or Qualified 11/29/1978	3a. Date of Last Report 07/14/1995
Puncipa: Pa	ace of Business	} ~	2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt.	#. etc.	_	Suite, Apt. #, etc.		59-1873605	Not Applicat
		2	27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	```	2	City & Stale		Election Campaign Financing Trust Fund Contribution	□ \$5.00 May Be
Zip	F	untry	Zip	Country	8. This corporation has liability for	Added to Fees intangible tax under s 199.032.
	0 Name and Ad	2 Idress of Current Re	29	30	Florida Statutes XX Yes	i □ No
	9. Name and Ad	idless of Current Re	gistered Agent	B1 Name	10. Name and Address of New F	Registered Agent
SHOCK	(LEY, FRED J.					
	OUTH ORANGE A	VENUE		82 Street Ad	dress (P.O. Box Number is Not Acceptab	e)
SUITE	# 900			83		
ORLAN	DO FL 32801			84 City		Total Total
				' '		FI 85 Zip Code
	o the provisions of S ed agent, or both, in h, and accept the of	ections 607.0502 and the State of Florida. Soll-gations of, Section 60	607.1508, Florida Statu uch change was authori 07.0505, Florida Statute	ites, the above named corporation's bo ized by the corporation's bo	oration submits this statement for the pur pard of directors. I hereby accept the appo	rpose of changing its registered offi ointment as registered agent. I am
GNATURE .	Separation system or printed in	ections 607.0502 and the State of Florida, Si ligations of, Section 60 wheelingstree aport and till OFFICERS AND DIF	lo if apuscable (N RECTORS	Ites, the above-named corporated by the corporation's boss. OTE Registered Agent signal are required.	ired when reinstating)	rpose of changing its registered off ointment as registered agent. I am
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GNATURE .	MP SHOCKLEY, F	OFFICERS AND DIF	lo d'appricable (N RECTORS	DTE Registered Agent signature required 13. 1.1 Title 1.2 NAME	ired when reinstating)	rpose of changing its registered off ointment as registered agent. I am DATE ICERS AND DIRECTORS (N. 12
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SIGNATURE:

IGNATURE AND TYPED OR PHINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/96

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