FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 10 AM 11:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **698258** **(1)**

1. Corporation Name
I.C.I. PROPERTIES, INC.

Principal Place of Business	Mailing Address
1200 SHEPPARD AVE EAST SUITE 106 WILLOWDALE, ONT. M2K2S 09	1200 SHEPPARD AVE EAST SUITE 106 WILLOWDALE, ONT. M2K2S 05

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **08/10/1981**
3a. Date of Last Report: **02/17/1994**

2. Principal Place of Business — 21
2a. Mailing Address — 26
4. FEI Number: **59-2129211** ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

City & State — 23
City & State — 28
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

Zip — 24
Country — 25 CANADA
Zip — 29
Country — 30 CANADA
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

STEARNS, WEAVER, MILLER, WEISSLER
ALHADEFF & SITTERSON, P.A.
401 E. JACKSON ST., SUITE 2200
TAMPA FL 33601

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VASD	11 TITLE		☐ Change ☐ Addition
NAME	LEVY, ARIC	12 NAME		
STREET ADDRESS	14 YORK RIDGE RD.	13 STREET ADDRESS		
CITY-ST-ZIP	NORTH YORK ON	14 CITY-ST-ZIP		
TITLE	PSD	21 TITLE		☑ Change ☐ Addition
NAME	LEVY, CLIFF	22 NAME		
STREET ADDRESS	~~1110 CULBREATH ISLES DRIVE~~	23 STREET ADDRESS	1616 CULBREATH ISLES DRIVE	
CITY-ST-ZIP	TAMPA FL 33629	24 CITY-ST-ZIP		
TITLE	VAS	31 TITLE		☐ Change ☐ Addition
NAME	LEVY, SIGMUND	32 NAME		
STREET ADDRESS	217 BURBANK DRIVE	33 STREET ADDRESS		
CITY-ST-ZIP	WILLOWDALE, ONTARIO M2K 1P5	34 CITY-ST-ZIP		
TITLE	VTD	41 TITLE		☑ Change ☐ Addition
NAME	SHEPHERD, JOY	42 NAME		
STREET ADDRESS	32 APOLLO DRIVE	43 STREET ADDRESS		
CITY-ST-ZIP	DON MILLS, ONTARIO ~~M3B 2G9~~	44 CITY-ST-ZIP	DON MILLS, ONTARIO M3B 2G9	
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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 11 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ -CLIFF LEVY MARCH 22, 1995 (813) 251-9365
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

04/95000 IN