SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 10, 1994.
AMOUNT DUE ON OR BEFORE 8/10/94: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

*CORPORATION
ANNUAL REPORT
1994

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

94 AUG -2 AM 10:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **830746** **(4)**

1. Corporation Name
INVENTORY CONTROL SYSTEM CORP.

Mailing Address
36 ROUTE 10 WEST
P. O. BOX 255
EAST HANOVER NJ 07936

Principal Place of Business
36 ROUTE 10 WEST
P. O. BOX 255
EAST HANOVER NJ 07936

If above addresses are incorrect in any way, line through incorrect information and enter correction below

DO NOT WRITE IN THIS SPACE

2. Mailing Address
21 495 Ramblewood Dr.
Suite, Apt. #, etc.
22 Suite 203
City & State
23 Coral Springs Fl USA
Zip 24 33071 Country 25

2a. Principal Place of Business
26 Same as # 2.
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualified: 08/28/1973
3a. Date of Last Report: 04/14/1993
4. FEI Number: 22-1656690 — Applied For / Not Applicable
5. Certificate of Status Desired: $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status
$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
ONORATO (FRANK A.)
8929 S.E. RIVERFRONT TERRACE
TEQUESTA FL 33469

Change of address
2000 S. A1A # N207
Jupiter Fl 33477

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 or Sections 617.0502 ... 617.1508, 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 or 617.0503, Florida Statutes.

SIGNATURE Frank A. Onorato
Signature (type or printed name of registered agent and the capacity ...) (NOTE: Registered agent signature required under penalties) DATE 6/27/94

12. OFFICERS AND DIRECTORS

11 TITLE	P
12 NAME	ONORATO, FREDERICK C
13 STREET ADDRESS	23 SANDY LANE
14 CITY ST ZIP	TEQUESTA FL
21 TITLE	C
22 NAME	ONORATO FRANK A.
23 STREET ADDRESS	8929 S.E. RIVERFRONT TERRACE
24 CITY ST ZIP	TEQUESTA FL
31 TITLE	T
32 NAME	WALLACE, CAROLYN O.
33 STREET ADDRESS	5133 NW 86TH WAY
34 CITY ST ZIP	CORAL SPRINGS FL
41 TITLE	
42 NAME	
43 STREET ADDRESS	
44 CITY ST ZIP	
51 TITLE	
52 NAME	
53 STREET ADDRESS	
54 CITY ST ZIP	
61 TITLE	
62 NAME	
63 STREET ADDRESS	
64 CITY ST ZIP	

13. CHANGES TO OFFICERS AND DIRECTORS IN 1994

11 TITLE	
12 NAME	
13 STREET ADDRESS	
14 CITY ST ZIP	
21 TITLE	
22 NAME	
23 STREET ADDRESS	2000 S. A1A # N207
24 CITY ST ZIP	Jupiter Fl 33477
31 TITLE	
32 NAME	
33 STREET ADDRESS	c/o Inventory Control System
34 CITY ST ZIP	495 Ramblewood Dr. #203
	Coral Springs Fl 33071
41 TITLE	
42 NAME	
43 STREET ADDRESS	
44 CITY ST ZIP	
51 TITLE	
52 NAME	
53 STREET ADDRESS	
54 CITY ST ZIP	
61 TITLE	
62 NAME	
63 STREET ADDRESS	
64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this report is voluntarily furnished and correct. I further certify that the information indicated on this annual report or supplemental annual report ... 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 or Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or will be affixed with an ...

SIGNATURE: Carolyn O. Wallace
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER

6/25/94 (305) 344-9964