FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT
1996

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

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

1. Corporation Name
INVENTORY CONTROL SYSTEM CORP.

Principal Place of Business	Mailing Address
475 RAMBLEWOOD DR SUITE 203 CORAL SPRINGS FL 33071 US	475 RAMBLEWOOD DR SUITE 203 CORAL SPRINGS FL 33071 US

3. Date Incorporated or Qualified: 08/28/1973
3a. Date of Last Report: 05/01/1995
4. FEI Number: 22-1656690 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business
21
Suite, Apt #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt #, etc.
27
City & State
28
Zip 29 Country 30

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 ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

ONORATO, FRANK A
2000 S. A1A #N207
JUPITER FL 33477

10. Name and Address of New Registered Agent

81 Name: *FREDERICK C. ONORATO*
82 Street Address (P.O. Box Number is Not Acceptable): *23 SHADY LANE*
83
84 City: *TEQUESTA* FL 85 Zip Code: *33458*

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 [signature] DATE 6/6/96

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	☐ DELETE	1.1 TITLE	☒ Change ☐ Addition
NAME	ONOTARO, FREDERIC C		1.2 NAME	*FREDERICK C. ONORATO*
STREET ADDRESS	23 SANDY LANE		1.3 STREET ADDRESS	*23 SHADY LANE*
CITY-ST-ZIP	TEQUESTA FL		1.4 CITY-ST-ZIP	
TITLE	C	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	ONORATO, FRANK A.		2.2 NAME	
STREET ADDRESS	2000 S. A1A, STE. N207		2.3 STREET ADDRESS	
CITY-ST-ZIP	JUPITER FL		2.4 CITY-ST-ZIP	
TITLE	T	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	WALLACE, CAROLYN O		3.2 NAME	
STREET ADDRESS	475 RAMBLEWOOD DR., STE. 203		3.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS FL		3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	900001867089
STREET ADDRESS			6.3 STREET ADDRESS	-06/19/96--01059--027
CITY-ST-ZIP			6.4 CITY-ST-ZIP	***200.00

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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] 4/22/96 407-747-0606
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CS 5/1/96

CR2E034 (12/95)