

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1996.**  
**AMOUNT DUE ON OR BEFORE 6/1/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO RESTATE: \$875)**

**PROFIT CORPORATION ANNUAL REPORT 1995**



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

**FILED SECRETARY OF STATE DIVISION OF CORPORATIONS**

95 JUN 20 11:11

**DOCUMENT # P39223 (3)**

1. Corporation Name  
**ICON CAPITAL CORP.**

Principal Place of Business: **600 MAMARONECK AVE HARRISON NY 10528-1632 US**  
 Mailing Address: **600 MAMARONECK AVE HARRISON NY 10528-1632 US**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>06/12/1992</b>	3a. Date of Last Report <b>01/31/1994</b>
21		26		4. FEI Number <b>22-2598874</b>	Applied For <input type="checkbox"/> Not Applicable
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24. Zip	25. County	29. Zip	30. County	6. This corporation has liability for intangible tax under s. 199.002, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
<b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324</b>				B1	Name
				B2	Street Address (P.O. Box Number is Not Acceptable)
				B3	
				B4	City

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 re-registering.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BEEKMAN, PETER D.</b>	1.2 NAME	
STREET ADDRESS	<b>628 LAKE AVE</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>GREENWICH CT</b>	1.4 CITY - ST - ZIP	
TITLE	<b>VD</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DERUSSY, CORTES E.</b>	2.2 NAME	
STREET ADDRESS	<b>50 HAMSHIRE ROAD</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>BRONXVILLE NY</b>	2.4 CITY - ST - ZIP	
TITLE	<b>VD</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DUGGAN, CHARLES</b>	3.2 NAME	
STREET ADDRESS	<b>47 ALEX DRIVE</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>WHITE PLAINS NY</b>	3.4 CITY - ST - ZIP	
TITLE	<b>VD</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BEEKMAN, SUSAN</b>	4.2 NAME	
STREET ADDRESS	<b>628 LAKE AVE</b>	4.3 STREET ADDRESS	
CITY - ST - ZIP	<b>GREENWICH CT</b>	4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 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 110.07(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 in an attached document with an address.

SIGNATURE: Charles Duggan **ICON Capital Corp., Gen. Partner**  
 Charles Duggan, Exec. V.P. 6/13/95 (914) 698-0600  
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

CR2E034 (3/95)