

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Mar 31 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/12/1992	
21. Suite, Apt. #, etc.	22. City & State	26. Suite, Apt. #, etc.	27. City & State	4. FEI Number 22-2598874	Applied For <input type="checkbox"/> Not Applicable
23. Zip	25. Country	28. Zip	29. Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
24. Zip		25. Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
26. Zip		27. Country		7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPC <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLARK, BEAUFORT B	1.2 NAME	
STREET ADDRESS	600 MAMARONECK AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	HARRISON NY 10528-1632	1.4 CITY-ST-ZIP	
TITLE	DEVS <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTIN, THOMAS W	2.2 NAME	
STREET ADDRESS	31 MILK STREET, SUITE 1111	2.3 STREET ADDRESS	
CITY-ST-ZIP	BOSTON MA 02109	2.4 CITY-ST-ZIP	
TITLE	VPCF <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SILVERHARDT, GARY N	3.2 NAME	
STREET ADDRESS	600 MAMARONECK AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	HARRISON NY 10528-1632	3.4 CITY-ST-ZIP	
TITLE	VPO <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOHLMEYER, ROBERT W	4.2 NAME	
STREET ADDRESS	600 MAMARONECK AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	HARRISON NY 10528-1632	4.4 CITY-ST-ZIP	
TITLE	VPGS <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARR, DAVID W	5.2 NAME	
STREET ADDRESS	31 MILK STREET, SUITE 1111	5.3 STREET ADDRESS	
CITY-ST-ZIP	BOSTON MA 02109	5.4 CITY-ST-ZIP	
TITLE	EVP <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEISS, PAUL B	6.2 NAME	
STREET ADDRESS	FOUR EMBARCADERO CENTER, SUITE 590	6.3 STREET ADDRESS	
CITY-ST-ZIP	SAN FRANCISCO CA 94111	6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ *3/31/98* *91419806*

CR2E034 (10/97)