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PROFIT CORPORATION ANNUAL REPORT

1998



FEORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P92000012931 (1)

I.C.T. TRADING, INC.

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

STREET ADORESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE NAME

TITLE

NAME

Principal Place of Business Mailing Address 19725 GULF BLVD. 19725 GULF BLVD. INDIAN SHORES FL 33785 INDIAN SHORES FL 33785 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified <u>12/18/1992</u> 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 59-3155241 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. **\$8.75** Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Ζip ZID Country Country 8. This corporation owes or has paid the current year intangible 🖺 Yes 25 Personal Property Tax due June 30. 24 29 30 g. Name and Address of Current Registered Agent Name and Address of New Registered Agent Name **FUNARO, MARIA** 19725 GULF BLVD. Street Address (P.O. Box Number is Not Acceptable) INDIAN SHORES FL 33785 63 City Zip Code 11. Pursuant to the provisions of Sections 607.05:02 and 607.15:08, 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 607.05:05, Florida Statutes. SIGNATURE OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE 1.1 TITLE Change NAME FUNARO, MARIA 1.2 NAME STREET ADDRESS 19725 GULF BLVD. 1.3 STREET ADDRESS **INDIAN SHORES FL** CITY-ST-ZIP 1.4 City-St-ZiP DELETE ☐ Change Addition TITLE 2.1 TITLE FUNARO S NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS

14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. If further certify that the information indicated on this annual report or supplienental arinual 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 of the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or on an attachment with an address.

3 4. CITY-ST-ZIP

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY - ST - ZIP

4.4 CITY - ST - ZIP

41 TITLE

4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TiTLE

6.2 NAME

DELETE

DELETE

DELE1E

SIGNATURE: Maria Funaro Prondest MARIA FUNARO 1-15-98 813-596-2046

CR2E034 (10/97)

Change

Change

Change

Addition

Addition

Addition

FILED

Feb 12 1998 8:00am

Secretary of State