

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P92000012931**

1. Corporation Name
I.C.T. TRADING, INC.

Principal Place of Business
**19725 GULF BLVD.
INDIAN SHORES FL 33785
US**

Mailing Address
**19725 GULF BLVD.
INDIAN SHORES FL 33785
US**

FILED
Jul 19, 1999 8:00 am
Secretary of State

07-19-1999 90014 006 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/18/1992

4. FEI Number **59-3155241** Applied For
Not Applicable

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 owes the current year
Intangible Personal Property. ☐ Yes ☐ No

2. Principal Place of Business
21 Suite, Apt. #, etc.

2a. Mailing Address
26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 **25**

29 **30**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FUNARO, MARIA
19725 GULF BLVD.
INDIAN SHORES FL 33785**

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 *Maria Funaro*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

7/1/99
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input type="checkbox"/> DELETE
NAME	FUNARO, MARIA	
STREET ADDRESS	19725 GULF BLVD.	
CITY-ST-ZIP	INDIAN SHORES FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	GEORGE FUNARO JR	
STREET ADDRESS	9456 MONICA DR	
CITY-ST-ZIP	SEMINOLE FL 33777	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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: *Maria Funaro*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/1/99
Date

Daytime Phone #

CR2E034 (5/99)

590700-90014-6
P920000/2931

Dear Sir -

I recently received
2nd notice - I checked
with your office and
told them I sent check
1-9-99 for \$150.

Apparently it was lost in
mail because you didn't
get it and I called the
Bank and it never cleared.

590700-90014-6
P92000012931

Lost in Mail

827

I.C.T. TRADING, INC.
P.O. BOX 975
INDIAN SHORES, FL 33785

PAY TO THE
ORDER OF *Department 9 State*

We funded out of July 07/08

Nov 9 1999 \$ *150.00*

DOLLARS

see thru

FOR DEPT # *P92000012931*

⑈000827⑈ ⑆063107513⑆20900009⑆

First Union National Bank
24 Hour Information Service
1-800-735-7012

63-751/831
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