

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 FEB 16 PM 2:53

DOCUMENT # P93000015450 (8)

1. Corporation Name  
**ICOM CONCEPTS INC.**

Principal Place of Business: **8275 SPRINGLAKE DR BOCA RATON FL 33496**  
Mailing Address: **8275 SPRINGLAKE DR BOCA RATON FL 33496**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Created: **02/23/1993** 3a. Date of Last Report: **03/02/1994**  
4. FFI Number: **65-0395631** Applied For:   
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing:  **\$5.00 May Be Added to Fees**  
7. This corporation has liability for intangible tax under § 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: **6773 PORTSIDE DR BOCA RATON FL 33496** 2a. Mailing Address: **6773 PORTSIDE DR BOCA RATON FL 33496**  
21. State, Apt. #, etc.: **FL 33496** 26. State, Apt. #, etc.: **FL 33496**  
22. City & State: **BOCA RATON FL** 27. City & State: **BOCA RATON**  
23. City: **BOCA RATON** 28. City: **BOCA RATON**  
24. Zip: **33496** 25. Country: **USA** 29. Zip: **33496** 30. Country: **USA**

9. Name and Address of Current Registered Agent  
**EVER, JACOB  
8275 SPRINGLAKE DR  
BOCA RATON FL 33496**

10. Name and Address of New Registered Agent  
81. Name: **EVER, JACOB**  
82. Street Address (P.O. Box Number is Not Acceptable): **6773 PORTSIDE DR**  
83.   
84. City: **BOCA RATON** FL 85. Zip Code: **33496**

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered officer 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 607.0503, Florida Statutes.

SIGNATURE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>
NAME	<b>EVER, JACOB</b>
STREET ADDRESS	<b>8275 SPRINGLAKE DR</b>
CITY, ST, ZIP	<b>BOCA RATON FL 33496</b>
TITLE	<b>D</b>
NAME	<b>EVER, VALERIE</b>
STREET ADDRESS	<b>8275 SPRINGLAKE DR</b>
CITY, ST, ZIP	<b>BOCA RATON FL 33496</b>
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>EVER, JACOB</b>	
STREET ADDRESS	<b>6773 PORTSIDE DR</b>	
CITY, ST, ZIP	<b>BOCA RATON FL 33496</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>EVER, VALERIE</b>	
STREET ADDRESS	<b>6773 PORTSIDE DR</b>	
CITY, ST, ZIP	<b>BOCA RATON FL 33496</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not apply, for the incorporation of this corporation, to the provisions of Sections 607.0502 and 607.1503, Florida Statutes. I further certify that the information is also on the original report or supplemental annual report, true and correct, and that my signature thereon has the same legal effect as if made under oath. That I am an officer or director of the corporation or have engaged or proposed to engage in the preparation of this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 12 or Block 13 attached, or on an attachment with an address.

SIGNATURE: *Valerie D. E. Ever* **VALERIE E. EVER** 2/6/95 (407)998-9946