

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P95000000014 (7)

1. Corporation Name

INVENTORY CONTROL CORPORATION



Principal Place of Business

Mailing Address

3669 THOMAS AVE.
#15
COCONUT GROVE FL 33133

3669 THOMAS AVE.
#15
COCONUT GROVE FL 33133

2. Principal Place of Business

2a. Mailing Address

21 3669 THOMAS AVE

26 3669 THOMAS AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 15

27 15

City & State

City & State

23 COCONUT GROVE, FL

28 COCONUT GROVE, FL

Zip

Country

Zip

Country

24 33133

25 USA

29 33133

30 USA

3. Date incorporated or Qualified

3a. Date of Last Report

01/03/1995

4. FEI Number

Applied For

65-0553174

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s 199.032, Florida Statutes

Yes

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JACKSON, TRACY R
3669 THOMAS AVE.
#15
COCONUT GROVE FL 33133

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, 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 *[Signature]*

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	CEO/PRESIDENT	<input type="checkbox"/> DELETE
NAME	JAMES C. JACKSON III	
STREET ADDRESS	3669 THOMAS AVE #15	
CITY-ST-ZIP	COCONUT GROVE, FL 33133	
TITLE	TRACY R. JACKSON	<input type="checkbox"/> DELETE
NAME	SECRETARY/VP	
STREET ADDRESS	3669 THOMAS AVE #15	
CITY-ST-ZIP	COCONUT, GROVE, FL 33133	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	JASON GLASFORD	
STREET ADDRESS	2755 N.W. 168TH TERR.	
CITY-ST-ZIP	MIAMI, FL 33055	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	BRIAN PALMER	
STREET ADDRESS	280 NW 101ST STREET	
CITY-ST-ZIP	MIAMI, FL 33150	
TITLE	DWONE BURSE	<input type="checkbox"/> DELETE
NAME	VP	
STREET ADDRESS	2920 NW 207TH ST	
CITY-ST-ZIP	MIAMI, FL 33056	
TITLE		<input type="checkbox"/> DELETE
NAME	N/A	
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(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 as an attachment with an address.

SIGNATURE

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/96 (305) 448-8570

CR2E034 (12/95)