

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

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FILED

May 06 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morone Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000087911**  
 1. Corporation Name  
**Icheis CORPORATION**

Principal Place of Business: **1220 Marseilles Dr, M.B. F/A. 33141**  
 Mailing Address: **1095 N. Shore Dr, M.B. F/A. 33141, U.S.A.**

3. Date Incorporated or Qualified <b>11-16-95</b>	3a. Date of Last Report <b>4-25-96</b>
4. FEI Number <b>65-0632555</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

21. Principal Place of Business	2a. Mailing Address
22. Suite, Apt. #, etc.	26. <b>SAME AS ABOVE</b>
23. City & State	27. Suite, Apt. #, etc.
24. Zip	28. City & State
25. Country	29. Zip
	30. Country

9. Name and Address of Current Registered Agent  
**SARA BRILL**  
**1095 N. SHORE DR**  
**M.B. F/A. 33141**

10. Name and Address of New Registered Agent  
 81. Name  
 82. Street Address (P.O. Box Number is Not Acceptable)  
 83.  
 84. City  
 85. Zip Code  
**FL**

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 and, for or with, and accept the obligations of, Section 607.0505, Florida Statutes.  
 SIGNATURE: **SARA BRILL** **SARA BRILL (President)** **4-28-97**  
Registered Agent for public purpose of registered agent and title is operative. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

1.1 NAME <b>Brill SARA (President)</b>	<input type="checkbox"/> DELETE
1.2 STREET ADDRESS <b>1220 Marseilles Dr</b>	
1.3 CITY-STATE-ZIP <b>M.B. F/A. 33141 (President)</b>	
1.4 TITLE	<input type="checkbox"/> DELETE
1.5 NAME	
1.6 STREET ADDRESS	
1.7 CITY-STATE-ZIP	
1.8 TITLE	<input type="checkbox"/> DELETE
1.9 NAME	
1.10 STREET ADDRESS	
1.11 CITY-STATE-ZIP	
1.12 TITLE	<input type="checkbox"/> DELETE
1.13 NAME	
1.14 STREET ADDRESS	
1.15 CITY-STATE-ZIP	
1.16 TITLE	<input type="checkbox"/> DELETE
1.17 NAME	
1.18 STREET ADDRESS	
1.19 CITY-STATE-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	
2.5 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.6 NAME	
2.7 STREET ADDRESS	
2.8 CITY-STATE-ZIP	
2.9 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.10 NAME	
2.11 STREET ADDRESS	
2.12 CITY-STATE-ZIP	
2.13 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.14 NAME	
2.15 STREET ADDRESS	
2.16 CITY-STATE-ZIP	
2.17 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.18 NAME	
2.19 STREET ADDRESS	
2.20 CITY-STATE-ZIP	

**700002179607**  
**-05/15/97--01028--038**  
**\*\*\*165.00**

**4/1/97**

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 reported 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: **SARA BRILL** **4/1/97 (303) 8667671**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)