

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 199219 (7)

1. Corporation Name
ICIS MANAGEMENT GROUP, INC.



Principal Place of Business: 5050 N FEDERAL HWY LIGHTHOUSE POINT FL 33064
Mailing Address: 5050 N. FEDERAL HWY LIGHTHOUSE POINT FL 33064

3. Date Incorporated or Qualified 01/21/1957	3a. Date of Last Report 04/20/1995
4. FEI Number 59-0791065	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> (X)	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Subs., Apt. #, etc. 22	State, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name James W. Nearen
82 Street Address (P.O. Box Number is Not Acceptable) 5050 N. Federal Highway
83
84 City Lighthouse Point
85 Zip Code FL 33064

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 607.0503, Florida Statutes.

SIGNATURE: *James W. Nearen* **James W. Nearen** **January 25, 1996**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE ST	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME NICK MORF		1.2 NAME	
STREET ADDRESS 3640 N.FEDERAL HWY 206		1.3 STREET ADDRESS	
CITY-STATE-ZIP POMPANO BEACH FL 33064		1.4 CITY-STATE-ZIP	
TITLE P	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ANDY SALIS		2.2 NAME	
STREET ADDRESS 1700 DEANZA BLVD 207		2.3 STREET ADDRESS	
CITY-STATE-ZIP SAN MATEO CA 94403		2.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME James W. Nearen	
STREET ADDRESS		3.3 STREET ADDRESS 2332 N.E. 30 Court	
CITY-STATE-ZIP		3.4 CITY-STATE-ZIP Lighthouse Point, FL	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE S/T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME Timothy Hammer	
STREET ADDRESS		4.3 STREET ADDRESS 4301 N.E. 22 Ave.	
CITY-STATE-ZIP		4.4 CITY-STATE-ZIP Lighthouse Point, FL 33064	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-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 on an attachment with an address.

SIGNATURE: *James W. Nearen* **James W. Nearen** **1/25/96** **954-426-3400**

CR2E034 (12/95)