FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 PM 1:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **328014** **(6)**

1. Corporation Name
ICARE INDUSTRIES, INC.

Principal Place of Business	Mailing Address
4399 35TH STREET, NORTH P.O. BOX 84000 ST PETERSBURG FL 33714	4399 35TH STREET, NORTH P.O. BOX 84000 ST PETERSBURG FL 33714

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **03/26/1968**
3a. Date of Last Report: **05/20/1994**

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

4. FEI Number: **59-1208811** ☐ 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 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
PAYNE,JOHN W 4399 35TH STREET NORTH ST PETERSBURG FL	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V	11 TITLE	☐ Change ☐ Addition
NAME	STEVENS, ROBERT E	12 NAME	
STREET ADDRESS	9180 60 ST N	13 STREET ADDRESS	
CITY-ST-ZIP	PINELLAS PARK FL	14 CITY-ST-ZIP	
TITLE	PD	21 TITLE	☐ Change ☐ Addition
NAME	PAYNE, J. SCOTT	22 NAME	
STREET ADDRESS	14 BELLEVUE DR	23 STREET ADDRESS	
CITY-ST-ZIP	TREASURE ISLAND FL	24 CITY-ST-ZIP	
TITLE	VT	31 TITLE	☐ Change ☐ Addition
NAME	STANKIEWICZ, CY	32 NAME	
STREET ADDRESS	3804 - 46TH AVE., S.	33 STREET ADDRESS	
CITY-ST-ZIP	ST PETE, FL 00000	34 CITY-ST-ZIP	
TITLE	V	41 TITLE	☐ Change ☐ Addition
NAME	MOTTA, JOSEPH	42 NAME	
STREET ADDRESS	512 JOHNS PASS AVE	43 STREET ADDRESS	
CITY-ST-ZIP	MADEIRA BCH FL	44 CITY-ST-ZIP	
TITLE	V	51 TITLE	☐ Change ☐ Addition
NAME	PAYNE, JOHN W	52 NAME	
STREET ADDRESS	68 DOLPHIN DR	53 STREET ADDRESS	
CITY-ST-ZIP	TREASURE ISL, FL 00000	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	DUFFFY, CHARLES	62 NAME	
STREET ADDRESS	13380 66TH AVE N	63 STREET ADDRESS	
CITY-ST-ZIP	SEMINOLE, FL 00000	64 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)(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: _____ Stankiewicz 04/27/95
NAME AND TITLE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0311M7 CP