

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

FILED
Mar 04 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 328014 (6)
 1. Corporation Name
ICARE INDUSTRIES, INC.



Principal Place of Business 4399 35TH STREET, NORTH P.O. BOX 84000 ST PETERSBURG FL 33714	Mailing Address 4399 35TH STREET, NORTH P.O. BOX 84000 ST PETERSBURG FL 33714
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DO NOT WRITE IN THIS SPACE

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

3 Date Incorporated or Qualified 03/26/1968
4 FEI Number 59-1208811
5 Certificate of Status Desired <input type="checkbox"/> \$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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent
**PAYNE, JOHN W
 4399 35TH STREET NORTH
 ST PETERSBURG FL**

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

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	V <input type="checkbox"/> DELETE
NAME	STEVENS, ROBERT E
STREET ADDRESS	9180 60 ST N
CITY-ST-ZIP	PINELLAS PARK FL
TITLE	PD <input type="checkbox"/> DELETE
NAME	PAYNE, J. SCOTT
STREET ADDRESS	14 BELLEVUE DR
CITY-ST-ZIP	TREASURE ISLAND FL
TITLE	VT <input type="checkbox"/> DELETE
NAME	STANKIEWICZ, CY
STREET ADDRESS	3804 - 46TH AVE., S.
CITY-ST-ZIP	ST PETE, FL 00000
TITLE	V <input type="checkbox"/> DELETE
NAME	MOTTA, JOSEPH
STREET ADDRESS	512 JOHNS PASS AVE
CITY-ST-ZIP	MADEIRA BCH FL
TITLE	V <input type="checkbox"/> DELETE
NAME	PAYNE, JOHN W
STREET ADDRESS	88 DOLPHIN DR
CITY-ST-ZIP	TREASURE ISL, FL 00000
TITLE	D <input type="checkbox"/> DELETE
NAME	DUFFY, CHARLES
STREET ADDRESS	13380 88TH AVE N
CITY-ST-ZIP	SEMINOLE, FL 00000

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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 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 indicated on this annual report or equivalent 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; that I am 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, as changed or added, in attachment with an address.

SIGNATURE: *[Signature]* **CY STANKIEWICZ** *2/11/98*

CR2E034 (10/97)