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Mar 22, 1999 8:00 am
Secretary of State

03-22-1999 90051 033 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 328014

1. Corporation Name
ICARE INDUSTRIES, INC.



DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified
03/26/1968

4. FEI Number
59-1208811

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 owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business
 21 Suite, Apt. #, etc.
 22 City & State
 23 Zip Country
 24 25

2a. Mailing Address
 26 Suite, Apt. #, etc.
 27 City & State
 28 Zip Country
 29 30

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DELETE
 NAME **V STEVENS, ROBERT E**
 STREET ADDRESS **9180 60 ST N**
 CITY-ST-ZIP **PINELLAS PARK FL**

TITLE DELETE
 NAME **PD PAYNE, J. SCOTT**
 STREET ADDRESS **14 BELLEVUE DR**
 CITY-ST-ZIP **TREASURE ISLAND FL**

TITLE DELETE
 NAME **VT STANKIEWICZ, CY**
 STREET ADDRESS **3804 - 46TH AVE., S.**
 CITY-ST-ZIP **ST PETE, FL 00000**

TITLE DELETE
 NAME **V MOTTA, JOSEPH**
 STREET ADDRESS **512 JOHNS PASS AVE**
 CITY-ST-ZIP **MADEIRA BCH FL**

TITLE DELETE
 NAME **V PAYNE, JOHN W**
 STREET ADDRESS **68 DOLPHIN DR**
 CITY-ST-ZIP **TREASURE ISL, FL 00000**

TITLE DELETE
 NAME **D 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 Change Addition
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

2.1 TITLE Change Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

3.1 TITLE Change Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

6.1 TITLE Change 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 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 the attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
 SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/17/99

77 814 3008

CR2E034 (1/1/98)