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

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 454526 (5)

INTERNATIONAL CONSULTANTS AND DEVELOPMENT, INC.

FILED Jan 27 1998 8:00am Secretary of State



Principal Plac	e of Business	Mailing Address	Mailing Address			
3314 MULLEN	AVENUE	3314 MULLEN AVENUE	3314 MULLEN AVENUE			
TAMPA FL 33609		TAMPA FL 33609	TAMPA FL 33609			DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualified
						06/11/1974
2. Principal P	lace of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number Applied For
21		26				59-1888534 Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired
City & State		City & State				6. Election Campaign Financing \$5.00 May Be
23						Trust Fund Contribution Added to Fees
Zip	Country	Zip	├ ─┐	untry		8. This corporation owes or has paid the current year Intangible
24	25 25 Curr	29	30			Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent
	9. Name and Address of Curr	eut Redisteled Affeitt	~	81	Name	10. Name and Address of New Registered Agent
ANNIS, MICHAEL D.						
	4 MULLEN AVENUE			82	Street A	ddress (P.O. Box Number is Not Acceptable)
IAN	MPA FL 33601			83		
				84	City	- 85 Zip Code
				1 1	•	FL
11. Pursuant office or r agent. I a	to the provisions of Sections 607.0 egistered agent, or both, in the Sta m familiar with, and accept the obt	502 and 607.1508, Florida State of Florida. Such change waigations of, Section 607.0505.	tutes, the a is authorize Florida Sta	bove d by dutes	named c the corpo	corporation submits this statement for the purpose of changing its registered pration's board of directors. I hereby accept the appointment as registered
SIGNATURE	Signature, typed or printed name of registered i					equired when reinslating) DATE
12.		ND DIRECTORS	13.	ou rigo	FIL BIGHARDED FO	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P	☐ DELETE		1.1 TITLE		☐ Change ☐ Addition
NAME	NEWELL, PAUL D.		1.2 N	IAME)	
STREET ADDRESS	12 LAWRENCE BLVD		1.3 STREET ADDRESS		ADDRESS	
CITY-ST-ZIP	KEYSTONE HEIGHT FL		1.4 C	1.4 CITY - ST - ZIP		
TITLE	ST	☐ DELETE	2.1 Ti	ITLE	ļ	☐ Change ☐ Addition {
NAME	ANNIS, MICHAEL D.		2.2 N	AME		
STREET ADDRESS	3314 MULLEN AVENUE		23 STREET ADDRESS		ADDRESS	**************************************
CITY-ST-ZIP	TAMPA FL			CITY-S	I - ZIP	
TITLE	D	☐ DELETE		3,1 TITLE		☐ Change ☐ Addition .
NAME OVERTY ADDRESS	ANNIS, MICHAEL D.		3.2 N		4000E00	
STREET ADDRESS	3314 MULLEN AVENUE TAMPA FL				ADDRESS	
CITY-ST-ZIP TITLE	IOMEN FL	DELETE	3.4. C	TITY-S	1 - 20"	☐ Change ☐ Addition
NAME		—	4.26			
STREET ADDRESS					ADDRESS	İ
CITY-ST-ZIP			4.4 C	ITY- \$1	I- ZIP	
TITLE		DELETE	5 1 TI			☐ Change ☐ Addition
NAME			5.2 N	AMÉ		ł
STREET ADDRESS			5.3 S	TREET.	ADDRESS	
CITY-ST-ZIP			5.4 C	ITY-SI	I-ZIP	
TITLE		DELETE	6.1 TI	ITLE		☐ Change ☐ Addition
NAME			6.2 N	AME	1	
STREET ADDRESS			6.3 S	TREET .	ADDRESS	
CITY-ST-ZIP				ITY-SI		
44 I horoby o	artity that the information eucolice.	with this filing doos not qualify	tor the eve	amnt	on etatori	in Section 119 07(3)(i) Florida Statutes. I further certify that the information.

remove certify that the information supplied with this fling does not qualify for the exemption stated in Section 119-D7(3)(f), 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.