

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 JAN 26 PM 12:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 501333 (9)

1. Corporation Name

INDUSTRIAL CAPITAL MANAGEMENT INC.

Principal Place of Business

%LEIFE R-3L
19667 TURNBERRY WAY
AVENTURA FL 33180
US

Mailing Address

% LIVINGSTON WACHTELL
20 LEBANON RD
SCARSDALE NY 10583-7122
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/16/1976

3a. Date of Last Report

01/24/1994

4. FEI Number

59-1659647

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

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23

City & State

27

Zip

Country

24

Zip

Country

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

EIGER, LEONARD L.
9 CHESNEY COURT
PALM COAST FL 32137

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 the if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PC
NAME EIGER, JENNIFER
STREET ADDRESS 20 LEBANON RD
CITY-ST-ZIP SCARSDALE NY

1.1 TITLE PC + D ☐ Change ☒ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP 10583-7122

TITLE TSD
NAME WACHTELL, J
STREET ADDRESS 9 CHESNEY CT
CITY-ST-ZIP PALM COAST FL

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP 32137

TITLE VD
NAME LEIFER, P
STREET ADDRESS 19667 TURNBERRY WAY, #3L
CITY-ST-ZIP AVENTURA FL

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP 33180

TITLE ATS
NAME EIGER, LEONARD L.
STREET ADDRESS 20 LEBANON RD. C/O LIVINGSTON WACHTELL CO
CITY-ST-ZIP SCARSDALE NY

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP 10583-7122

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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)(b), 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 my address.

SIGNATURE:

Leonard L. Eiger
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
LEONARD L. EIGER

1/16/95 212 840 2595
DATE (Mailing Address)