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Jan 24 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **501333** **(9)**

1. Corporation Name
INDUSTRIAL CAPITAL MANAGEMENT INC.

Principal Place of Business	Mailing Address
%LEIFE R-3L 19667 TURNBERRY WAY AVENTURA FL 33180 US	% LIVINGSTON, WACHTELL 20 LEBANON RD SCARSDALE NY 10583-7122 US

3. Date Incorporated or Qualified: **04/16/1976**
3a. Date of Last Report: **01/23/1996**

2. Principal Place of Business — 21:
2a. Mailing Address — 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: **59-1659647** ☐ 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

9. Name and Address of Current Registered Agent

EIGER, LEONARD L
9 CHESNEY COURT
PALM COAST FL 32137

10. Name and Address of New Registered Agent

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	PCD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	EIGER, JENNIFER		1.2 NAME		
STREET ADDRESS	20 LEBANON RD		1.3 STREET ADDRESS		
CITY-ST-ZIP	SCARSDALE NY 10583-7122		1.4 CITY-ST-ZIP		
TITLE	TSD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	WACHTELL, J		2.2 NAME		
STREET ADDRESS	9 CHESNEY CT		2.3 STREET ADDRESS		
CITY-ST-ZIP	PALM COAST FL 32137		2.4 CITY-ST-ZIP		
TITLE	VD	☒ DELETE	3.1 TITLE	VD	☐ Change ☒ Addition
NAME	LEIFER, P		3.2 NAME	EIGER, BRANDEL	
STREET ADDRESS	19667 TURNBERRY WAY, #3L		3.3 STREET ADDRESS	4136 21ST ST.	
CITY-ST-ZIP	AVENTURA FL 33180		3.4 CITY-ST-ZIP	SAN FRANCISCO, CALIF 94114	
TITLE	ATS	☐ DELETE	4.1 TITLE	VATS	☐ Change ☐ Addition
NAME	EIGER, LEONARD L		4.2 NAME		
STREET ADDRESS	20 LEBANON RD C/O LIVINGSTON WACHTELL CO		4.3 STREET ADDRESS		
CITY-ST-ZIP	SCARSDALE NY 10583-7122		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do 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 an attachment with an address.

SIGNATURE: Leonard L. Eiger 212 890 2595 1/13/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — LEONARD L. EIGER — Date — Daytime Phone #