

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

FILED

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
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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
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3. Date Incorporated or Qualified 04/16/1976	3a. Date of Last Report 01/23/1996
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	2a. Mailing Address
21 Suite, Apt #, etc.	26 Suite, Apt #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

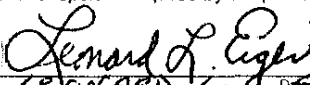
9. Name and Address of Current Registered Agent EIGER, LEONARD L 9 CHESNEY COURT PALM COAST FL 32137	10. Name and Address of New Registered Agent
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code
	FL

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		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	☐ 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 94111
TITLE	ATS ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	EIGER, LEONARD L	4.2 NAME	VATS
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	

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

CR2E034 (9/96)