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

PROFIT CORPORATION ANNUAL REPORT

STREET ADDRESS

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

FILED

Feb 15, 1999 8:00am

Secretary of State

02-15-1999 90042 007 ***150.00

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # 501333

Corporation Name	•			
INDUSTRIAL CAPITAL MANAGEM	ENT INC.			
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Principal Place of Business	Mailing Address		I lättiki dittil enimi tiann tilen trian till att	DIŞ BIBCI BIBLI GIBLI BIBLI BIBCI ISBI
%LEIFER 3L	% LIVINGSTON, WACHTELL			
19667 TURNBERRY WAY	20 LEBANON RD		DO NOT WOITE IN T	UC CDACE
AVENTURA FL 33180	SCARSDALE NY 10583-7122		DO NOT WRITE IN TI	HIS SPACE
us	US		3. Date Incorporated or Qualifed	
			04/16/1976 4. FEI Number	Applied For
2. Principal Place of Business	2a. Mailing Address			Not Applicable
21	Suite, Apt. #, etc.		59-1659647	\$8.75 Additional
Suite, Apt. #, etc.	<u>⊢</u>		5. Certifcate of Status Desired	Fee Required
22	City & State		C. Flastica Compaign Financing	\$5.00 May Be
City & State	28		6. Election Campaign Financing Trust Fund Contribution	Added to Fees
Zip Country	Zip	Country	8. This corporation owes the current year	
⊢ '	·	30	Personal Property Tax.	☐ Yes ☐ No
24 25 9. Name and Address of Cur		30	10. Name and Address of New Register	ed Agent
3. Native and Address 5. Oa.		81 Name		, ,
EIGER, LEONARD L		00 00 00	(D.C. Day Number is Not Assessable)	
9 CHESNEY COURT		82 Street Addi	ress (P.O. Box Number is Not Acceptable)	
PALM COAST FL 32137		83		46 A 1
		84 City	· · · · · F	85 Zip Code
44. Dureyant to the provisions of Sections 607	0502 and 607 1508. Florida Statute	s the above-named corp	poration submits this statement for the purpose	of changing its registered
office or registered agent, or both, in the St	ate of Florida. Such change was au	thorized by the corporation	on's board of directors. I hereby accept the ap	ppointment as registered
office or registered agent, or both, in the St agent. I am familiar with, and accept the ob	ate of Florida. Such change was au ligations of, Section 607.0505, Flori	thorized by the corporation of t	poration submits this statement for the purpose on's board of directors. I hereby accept the ap	ppointment as registered .
SIGNATURE				
SIGNATURE Signature, typed or printed name of registered		thorized by the corporation of t		-
SIGNATURE Signature, typed or printed name of registered 12. OFFICERS	agent and title if applicable. (NOTE:	Registered Agent signature require	ed when reinstating) DATE	-
SIGNATURE Signature, typed or printed name of registered 12. OFFICERS TITLE PCD	agent and title if applicable. (NOTE: AND DIRECTORS	Registered Agent signature require	ed when reinstating) DATE	AND DIRECTORS IN 12
SIGNATURE Signature, typed or printed name of registered 12. OFFICERS TITLE PCD NAME EIGER, JENNIFER	agent and title if applicable. (NOTE: AND DIRECTORS	Registered Agent signature require 13. 1.1 TITLE	ed when reinstating) DATE	AND DIRECTORS IN 12
SIGNATURE Signature, typed or printed name of registered 12. OFFICERS TITLE PCD NAME FIGER, JENNIFER STREET ADDRESS 20 LEBANON RD	agent and title if applicable (NOTE: AND DIRECTORS	Registered Agent signature require 13. 1.1 TITLE 1.2 NAME	ed when reinstating) DATE	AND DIRECTORS IN 12
SIGNATURE Signature, typed or printed name of registered 12. OFFICERS TITLE PCD EIGER, JENNIFER STREET ADDRESS CITY-ST-ZIP SCARSDALE NY 10583-7122	agent and title if applicable (NOTE: AND DIRECTORS	Registered Agent signature require 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	ed when reinstating) DATE	AND DIRECTORS IN 12
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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 an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE!