

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 PH 2:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # 503291 (7)
1. Corporation Name
I.C. PROBOTICS, INC.

Principal Place of Business Mailing Address
122 LAKE AVENUE, LONGWOOD, FL 32750 **122 LAKE AVENUE, LONGWOOD, FL 32750**
P O BOX 669 **P O BOX 669**
LONGWOOD FL 32750 **LONGWOOD FL 32750**

3. Date Incorporated or Qualified 3a. Date of Last Report
05/15/1976 **08/15/1994**

4. FEI Number Applied For
59-1672341 Net 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 § 100.099 Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21. Suite, Apt # etc 25. **P.O. Box 520669**
22. City & State 27. Suite, Apt # etc
23. **Longwood FL**
24. Zip 25. Country 29. **32752** 30. Country

9. Name and Address of Current Registered Agent
LENZ, SEYMOUR S.
122 LAKE AVE.
LONGWOOD FL 32750

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83. City
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 607.0508, Florida Statutes.
SIGNATURE: **SEYMOUR S. LENZ** *Seymour S. Lenz* 4/25/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LENZ, SEYMOUR	2. NAME	
STREET ADDRESS	ALLISON ST.	3. STREET ADDRESS	
CITY, ST, ZIP	LONGWOOD FL	4. CITY, ST, ZIP	
TITLE	VSD	21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LENZ, JEANETTE	22. NAME	
STREET ADDRESS	ALLISON ST.	23. STREET ADDRESS	
CITY, ST, ZIP	LONGWOOD FL	24. CITY, ST, ZIP	
TITLE		31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32. NAME	
STREET ADDRESS		33. STREET ADDRESS	
CITY, ST, ZIP		34. CITY, ST, ZIP	
TITLE		41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42. NAME	
STREET ADDRESS		43. STREET ADDRESS	
CITY, ST, ZIP		44. CITY, ST, ZIP	
TITLE		51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52. NAME	
STREET ADDRESS		53. STREET ADDRESS	
CITY, ST, ZIP		54. CITY, ST, ZIP	
TITLE		61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY, ST, ZIP		64. CITY, ST, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and that, not equally for the provisions stated in Section 199.017, Florida Statutes, I further certify that the information was filed on this annual report or supplemental annual report, 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 this corporation or the treasurer or liquidator thereof and to execute this report as required by Chapter 199, Florida Statutes, and that my name appears on Block 1, 2 or Block 3 of this report, or is an officer named with an address.
SIGNATURE: **SEYMOUR S. LENZ** *Seymour S. Lenz* 4/25/95 (407) 339-8298