


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

71

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mirtham Secretary of State DIVISION OF CORPORATIONS
---	---	---

FILED

98 NOV 23 PM 12: 07

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # 503291
 1. Corporation Name **I. C. PROMOTICS INC.**

Principal Place of Business Mailing Address
122 S. Lake Ave. P.O. Box 520669
Longwood, FL 32750 Longwood FL 32752

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 (Same) 122 S. Lake Ave	2a. Mailing Address 26 (Same) P.O. Box 520669	4. FFI Number 591672341	Applied For <input type="checkbox"/> Not Applicable
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 City & State Longwood FL	28 City & State Longwood FL	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Zip 32750	25 Country USA	29 Zip 32752	30 Country USA

9. Name and Address of Current Registered Agent SEYMOUR LENZ 122 S. LAKE AVE, P.O. BOX 520669 LONGWOOD, FL 32750		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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE President/Treas.	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Seymour S. Lenz		1.2 NAME	
STREET ADDRESS 122 S. Lake Ave		1.3 STREET ADDRESS	
CITY-ST-ZIP Longwood, FL 32752		1.4 CITY-ST-ZIP	
TITLE VPI Sect.	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Jeanette B. Lenz		2.2 NAME	
STREET ADDRESS 122 S. Lake Ave		2.3 STREET ADDRESS	700002701687--5
CITY-ST-ZIP Longwood, FL 32752		2.4 CITY-ST-ZIP	-12/03/98-01061--006
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	***150.00 ***150.00
NAME		3.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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.

SIGNATURE: **Seymour S. Lenz** 10/1/98 (407) 339-8298

CR2E034 (5/98)

2



I.C. Robotics, Inc.

P.O. Box 520669 122 E. Lake Avenue

Longwood, Florida, 32752

Ph (407) 339-8298 Fax (407) 831-0089

www.icrobotics.com E-Mail info@icrobotics.com

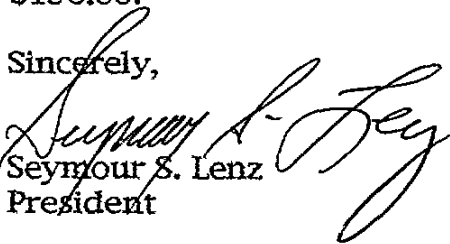
11/12/98

FLORIDA DEPARTMENT OF STATE
DIVISIONS OF CORPORATIONS
P.O. BOX 6327
TALLAHASSEE, FL 32314

Dear Sirs;

I did not receive a notice for the 1998 Profit Corporation Annual Report, and therefore am enclosing Payment in the amount of \$150.00.

Sincerely,


Seymour S. Lenz
President