


FILED
May 17, 1999 8:00 am
Secretary of State

05-17-1999 90075 041 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 503291 1. Corporation Name I.C. PROBOTICS, INC.					
Principal Place of Business			Mailing Address		
122 E. Lake Ave. Longwood, FL. 32750			P.O. Box 520669 Longwood, FL 32752		
DO NOT WRITE IN THIS SPACE					
3. Date Incorporated or Qualified					
4. FEI Number				Applied For	
598672341				Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Election Campaign Financing <input type="checkbox"/>				\$5.00 May Be Added to Fees	
8. This corporation owes the current year intangible Personal Property Tax.				<input type="checkbox"/> Yes <input type="checkbox"/> 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 Country			28 Zip Country		
24 25			29 30		
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
Seymour S. Lenz 122 E. Lake Ave. Longwood, FL. 32750			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					
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when renewing) DATE					
12. OFFICERS AND DIRECTORS					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
TITLE			1.1 TITLE		
NAME			1.2 NAME		
STREET ADDRESS			1.3 STREET ADDRESS		
CITY-ST-ZIP			1.4 CITY-ST-ZIP		
Pres./Treas.			2.1 TITLE		
Seymour S. Lenz			2.2 NAME		
122 E. Lake Ave.			2.3 STREET ADDRESS		
Longwood, FL 32750			2.4 CITY-ST-ZIP		
V.P./Sect.			3.1 TITLE		
Jeanette Lenz			3.2 NAME		
122 E. Lake Ave.			3.3 STREET ADDRESS		
Longwood, FL 32750			3.4 CITY-ST-ZIP		
			4.1 TITLE		
			4.2 NAME		
			4.3 STREET ADDRESS		
			4.4 CITY-ST-ZIP		
			5.1 TITLE		
			5.2 NAME		
			5.3 STREET ADDRESS		
			5.4 CITY-ST-ZIP		
			6.1 TITLE		
			6.2 NAME		
			6.3 STREET ADDRESS		
			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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/14/99 (407)339-8298
 Date Daytime Phone #

CR2E034 (11/98)