

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

FILED  
Feb 26 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 560693 (4)  
1. Corporation Name  
I. C. R. HOLDINGS, INC.



Principal Place of Business % JOHN E. AURELIUS 4367 NORTH FEDERAL HWY FORT LAUDERDALE FL 33308-5213	Mailing Address 331 BENJAMIN HUDON ST LAURENT P.O. CANADA H4N1J1
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/27/1978	
21. Suite, Apt. #, etc.	22. City & State	23. Zip	24. Country	25. Suite, Apt. #, etc.	26. City & State
27. Zip	28. Country	29. Zip	30. Country	4. FEI Number 59-1970433	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees				7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent AURELIUS, JOHN E 4367 NORTH FEDERAL HWY FORT LAUDERDALE FL 33308				10. Name and Address of New Registered Agent	
81. Name				82. Street Address (P.O. Box Number is Not Acceptable)	
83. City				84. 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	VST	1.1 TITLE	
NAME	MCGREGOR, ROBERT	1.2 NAME	
STREET ADDRESS	8338 PLACE CROISSY	1.3 STREET ADDRESS	
CITY-ST-ZIP	ANJOU, QUEBEC H1K1R8	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	
NAME	MCGREGOR, ROBERT	2.2 NAME	
STREET ADDRESS	8338 PLACE CROISSY	2.3 STREET ADDRESS	
CITY-ST-ZIP	ANJOU, QUEBEC H1K1R8	2.4 CITY-ST-ZIP	
TITLE	P	3.1 TITLE	
NAME	MCGREGOR, LOUISE	3.2 NAME	
STREET ADDRESS	8338 PLACE CROISSY	3.3 STREET ADDRESS	
CITY-ST-ZIP	ANJOU, QUEBEC H1K1R8	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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: ROBERT MCGREGOR 98/02/15-514-332-4766

CP2E034 (10/97)