

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

FILED
Mar 11 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 # 596995 (1)
1. Corporation Name
ICC CAPITAL, INC.

Principal Place of Business 225 S ORANGE AVE SUITE 900 ORLANDO FL 32801-3454 US	Mailing Address 255 SOUTH ORANGE AVENUE SUITE 900 ORLANDO FL 32801 US
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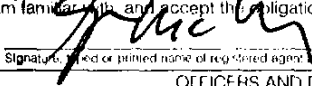


DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 255 S. ORANGE AVE Suite, Apt. #, etc. 22 SUITE 1201 City & State 23 ORLANDO, FL Zip 24 32801-3454 Country 25 USA		2a. Mailing Address 26 255 S. ORANGE AVE Suite, Apt. #, etc. 27 SUITE 1201 City & State 28 ORLANDO, FL Zip 29 32801-3454 Country 30 USA		3. Date Incorporated or Qualified 11/29/1978
		4. FEI Number 59-1873605		Applied For <input type="checkbox"/> Not Applicable
		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
		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent SHOCKLEY, FRED J. 255 SOUTH ORANGE AVENUE SUITE #900 ORLANDO FL 32801		10. Name and Address of New Registered Agent 81 Name GRANT I. MCMURRY 82 Street Address (P.O. Box Number is Not Acceptable) 255 S. ORANGE AVE 83 SUITE 1201 84 City ORLANDO FL 85 Zip Code 32801-3454	
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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  **GRANT I. MCMURRY, SECRETARY** 3/4/98
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MP SHOCKLEY, FRED J. 255 SOUTH ORANGE AVENUE, SUITE 900 ORLANDO FL <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MS MCMURRY, GRANT I. 255 SOUTH ORANGE AVENUE, SUITE 900 ORLANDO FL <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M BROCK, DAVID M 255 SOUTH ORANGE AVENUE, SUITE 900 ORLANDO FL <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M DAVIS, BRYAN A 255 SOUTH ORANGE AVENUE, SUITE 900 ORLANDO FL <input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M RUNDELL, RICHARD G 255 SOUTH ORANGE AVENUE, SUITE 900 ORLANDO FL <input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: 

GRANT I. MCMURRY, SECRETARY 3/4/98 407-839-8440

CR2E034 (10/97)