

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

FILED

May 05 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 636037 (4)
1. Corporation Name
INTERNAL COMMAND INDUSTRIES, INCORPORATED

Principal Place of Business
4420A NORTH MANHATTAN AVENUE
TAMPA FL 33614

Mailing Address
4420A NORTH MANHATTAN AVENUE
TAMPA FL 33614-7627



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/13/1979		3a. Date of Last Report 07/24/1996	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-1931458		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country		29 Country		8. This corporation has liability for intangible tax under s. 189.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent NELSON, RAINEY E 4420A NORTH MANHATTAN AVE. TAMPA, FL TAMPA FL 33614				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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE		1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	NELSON, RIANEY E			1.2 NAME			
STREET ADDRESS	8303 FLINTROCK COURT			1.3 STREET ADDRESS			
CITY - ST - ZIP	TAMPA, FL 00000			1.4 CITY - ST - ZIP			
TITLE	V/D	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCKEE, RUSSELL O.			2.2 NAME			
STREET ADDRESS	4407 W NORTH			2.3 STREET ADDRESS			
CITY - ST - ZIP	TAMPA FL			2.4 CITY - ST - ZIP			
TITLE	D	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KUSCHEL, THOMAS C.			3.2 NAME			
STREET ADDRESS	10630 N.W. 43RD COURT			3.3 STREET ADDRESS			
CITY - ST - ZIP	CORAL SPRINGS FL			3.4 CITY - ST - ZIP			
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CAIN, JEROME			4.2 NAME			
STREET ADDRESS	5713 IMPERIAL KEY			4.3 STREET ADDRESS			
CITY - ST - ZIP	TAMPA FL			4.4 CITY - ST - ZIP			
TITLE	SDT	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ACOSTA,RANDALL			5.2 NAME			
STREET ADDRESS	9314 PONTIAC DR			5.3 STREET ADDRESS			
CITY - ST - ZIP	TAMPA FL 33625			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 do 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:

E. E. Nelson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
E. E. Nelson, President

4/28/97

Date

813-272-6741

Daytime Phone

0361916

CR2E034 (9/96)