

**FILE NOW: FILING FEE AFTER MAY 1 IS \$650.00**

**PROFIT CORPORATION ANNUAL REPORT 1997**



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

**FILED**  
97 MAY -1 AM 11:21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # 671853**  
1. Corporation Name

POLYDOM, INC.

Principal Place of Business  
237 Lookout Place  
Suite 100  
Maitland, FL 32751

Mailing Address  
P.O. Box 1656  
Maitland, FL 32794-1656

3. Date incorporated or Qualified: 06/02/1980  
6a. Date of Last Report: 02/23/1996  
4. FEI Number: 59-2006585  
Applied For: Not Applicable  
5. Certificate of Status Desired:  \$0.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

|                                |                     |
|--------------------------------|---------------------|
| 2. Principal Place of Business | 2a. Mailing Address |
| 1                              | 2a                  |
| Suite, Apt. #, etc.            | Suite, Apt. #, etc. |
| 2                              | 2b                  |
| City & State                   | City & State        |
| 3                              | 3a                  |
| Zip                            | Zip                 |
| Country                        | Country             |
| 4                              | 4a                  |

**D. Name and Address of Current Registered Agent**

Icardi, Aldo  
237 Lookout Place, Suite 100  
Maitland, FL 32751

**10. Name and Address of New Registered Agent**

|   |
|---|
| 01 Name   |
| 02 Street Address (P.O. Box Number is Not Acceptable) |
| 03  |
| 04 City   |
| 05 FL   |
| 06 Zip Code   |

11. Pursuant to the provisions of Sections 807.0602 and 807.1808, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered officer 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 807.0506, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent Signature required when installing)

| 12. OFFICERS AND DIRECTORS |                          | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                              |
|----------------------------|--------------------------|---|------------------------------|
| TITLE                      | PD                       | 1.1 TITLE   | 400002167                    |
| NAME                       | Jaques, Olivier          | 1.2 NAME  | -05/06/97--01065--014        |
| STREET ADDRESS             | Domus, Postfach 197      | 1.3 STREET ADDRESS                                    | ***165.00 ***165.00          |
| CITY-ST-ZIP                | 8035 Zurich, Switzerland | 1.4 CITY-ST-ZIP                                       |                              |
| TITLE                      |                          | 2.1 TITLE   | S                            |
| NAME                       |                          | 2.2 NAME  | Icardi, Aldo                 |
| STREET ADDRESS             |                          | 2.3 STREET ADDRESS                                    | 237 Lookout Place, Suite 100 |
| CITY-ST-ZIP                |                          | 2.4 CITY-ST-ZIP                                       | Maitland, FL 32751           |
| TITLE                      |                          | 3.1 TITLE   |                              |
| NAME                       |                          | 3.2 NAME  |                              |
| STREET ADDRESS             |                          | 3.3 STREET ADDRESS                                    |                              |
| CITY-ST-ZIP                |                          | 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 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 807, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Aldo Icardi* DATE: \_\_\_\_\_  
Aldo Icardi (407) 647-1859  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CPRE034 (9/96)