**FILED** 

Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90115 021 \*\*\*150.00

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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # F34232

1. Corporation Name

**ICA CORPORATION** 

	·-									
Principal Place of Business Mailing Address					-					
4720 SE 15TH AVE 4720 SE 15TH AV						-				
STE 201 STE 201							DO NOT WRITE IN THIS	SPACE	•	
CAPE CORAL FL 33904 . CAPE CORAL FL 33904 US							DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified			
US.	·						05/08/1981			
2. Principal P	lace of Business	2a. Mailing Address					4. FEI Number		applied For	
21		26					34-1337708		lot Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	<b>.</b>	Additional		
22 _	<u> </u>	27					<del> </del>	Required		
City & State	е	City & State					6. Election Campaign Financing		May Be	
23		28					Trust Fund Contribution		to Fees	
Ζiρ	Country	Zîp		ountry			8. This corporation owes the current year Inta	angible ⊟Yes	□No	
24	[25]	29	30				Personal Property Tax.			
	9. Name and Address of Current	Registered Agent		81	T No	ame	10. Name and Address of New Registered	Agent	-	
IOH	NCON REDNADO			10,1	145	me			_)	
Johnson, Bernard 4720 Se 15th Ave				82	Str	reet Addre	ess (P.O. Box Number is Not Acceptable)	-		
STE					<u> </u>				—	
			83					ļ		
CAP	E CORAL FL 33904			84	Cit	tv		85 Zip	Code	
			_	i		•	Land Section Flu		1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statu	ites, the	above	e-nar	med corpo	pration submits this statement for the purpose of	changing it	is registered	
office or r	egistered agent, or both, in the State of im familiar with, and accept the obligation	riorida. Such change was ons of. Section 607,0505, FI	autnorizi Iorida St	eo by atutes	ากе ( 3.	corporation	on's board of directors. I hereby accept the appoin	Illinein as i	egistered	
-	2 2 2 3 700	,							l	
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOT	E: Register	red Ager	nt signa	ature required	d when reinstating) DATE			
12.	OFFICERS AND		13	3.			ADDITIONS/CHANGES TO OFFICERS AN			
TITLE	PD	☐ DELETE	1.1	TITLE				Change	Addition (	
NAME	JOHNSON, BERNARD		1.2	NAME		ĺ				
STREET ADDRESS	4720 SE 15TH AVE SUITE 201		1.3	STREET	T ADDF	RESS			}	
CITY-ST-ZIP	CAPE CORAL FL 33904		1.4	CITY-ST	T-ŻIP					
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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 postee empowered to Secute 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.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF