FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT #
1. Corporation Name F77405

(1)

INTERNATIONAL CUSTOMIZED SOFTWARE CO.

Principal Place of Business Mailing Address						
% JACQUES 6411 NE 22NI		% JACQUES LEVIN 6411 NE 22ND AVE				
FT. LAUDERDALE FL 33308		FT. LAUDERDALE F	L 33308	3. Date fricorporated or Qualified 04/22/1982	3a. Date of Last 03/16/1	· .
2, Principal Pla	ce of Business	2a. Mailing Address		4. FEI Number		Applied For
21		26		59-2184545	60 7	Not Applicable
Suite, Apt. #, etc		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & Stale		City & State	-	6. Election Campaign Financing		
23		28		Trust Fund Contribution		ded to Fees
Ziр ГДЛ	Country	<i>Ζ</i> φ	Country 30		intangible tax under No	s 199.032,
24	9. Name and Address of Curre	29 ent Registered Agent	1301	10. Name and Address of New F	· · · · · · · · · · · · · · · · · · ·	
		<u> </u>	81 Name	V		
LEVIN, J	ACQUES		82 Street Ac	idress (P.O. Box Number is Not Acceptab	ole)	
6411 NE	22ND AVE.		83			
FT. LAU	DERDALE FL 33308					
			84 City		FL 85	Zip Code
SIGNATURE _	Synature, typed or printed name of registeric ag OFFICERS A	ect and title in upplicable ND DIRECTORS	(NOTE: Required Agent signature required.	ared when is stating:		
TIFLE	DP	☐ DELETE	1. 1 TITLE		☐ Chang	je 🔲 Addition
NAME	LEVIN, JACQUES		1.2 NAME			
STREET ADDRESS	6411 NE 22ND AVE	^	1.3 STREET ADDRESS			
C-1Y - ST - ZIP	FT LAUDERDALE, FL 00000	DELETE	1 4 CHY - SI - ZIF 2 1 THLF		☐ Chang	e Addition
NAME	LEVIN, MIENTJE		2.2 NAME			
STREET ADDRESS	6411 NE 22ND AVE		2.3 STREET ADDRESS			
CITY ST-ZIP	FT LAUDERDALE, FL 00000		2.4 CITY - ST - ZIP		Change	ge Addition
10°LE		DELETE	3 ' TITLE 32 NAM:		☐ Chang	le [1] Vacation
NAME STREET ADDRESS			3.5 STHEFT ADDRESS			
CITY-SI-7-P			3.4 C(1) Y - S.F - Z(F)			
TI'LE		☐ DELETE	4.1 TITLE		Chang	ge 🔲 Addition
NAME			4.2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CHIV-ST-ZIP THILE		DELETE	4.4 CITY - ST - Z-P 5.4 TITLE	** 4···	Chang	ge 🔲 Addition
NAME			5.2 NAME			
STREET ADDRESS			5 3 STREET ADDRESS			
CITY-ST-ZIP			5 4 CITY - SI - ZIP			
THLE		☐ D€LETE	6 1 TITLE		Chan	ge 🗌 Addition
NAME			6.2 NAME			
STHEET ADDRESS			6.3 STREET ADDRESS 6.4 C/TY / ST-ZIP			
CITY ST-ZIP	1		■ 04 C.11.51.71L			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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:

Acques SLEVIA

2/16/96 (3-5)772 0529 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE:

2/16/96 (305)7720522

A ABOURE MUH MORKI KERMI TIRUI BEHRI BIRK BARK BARK BIRKI BIRKI BIRKI BIRKI BIRKI BIRKI BIRKI