

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # F95000002528 (6)

1. Corporation Name  
**IC HOLDINGS, INC.**



Principal Place of Business: C/O EDDIE TRUMP, 4000 ISLAND BLVD., NORTH MIAMI BEACH FL 33160  
Mailing Address: C/O EDDIE TRUMP, 4000 ISLAND BLVD., NORTH MIAMI BEACH FL 33160

3. Date Incorporated or Qualified: 05/24/1995  
3a. Date of Last Report: 05/24/1995  
4. FEI Number: 65-0576369  
APPLIED FOR  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business  
21. Suite, Apt. #, etc.  
22. City & State  
23. Zip  
24. Country  
2a. Mailing Address  
26. Suite, Apt. #, etc.  
27. City & State  
28. Zip  
29. Country  
30. Country

9. Name and Address of Current Registered Agent  
**ARKIN, RICHARD A  
7900 ISLAND BLVD.  
NORTH MIAMI BEACH FL 33160**

10. Name and Address of New Registered Agent  
81. Name  
82. Street Address (P.O. Box Number is Not Acceptable)  
83.  
84. City  
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1. 1 TITLE	DV
NAME	TRUMP, EDDIE	1. 2 NAME	ALAN MATUS
STREET ADDRESS	4000 ISLAND BLVD.	1. 3 STREET ADDRESS	7900 ISLAND BLVD.
CITY - ST - ZIP	NORTH MIAMI BEACH FL	1. 4 CITY - ST - ZIP	NORTH MIAMI BEACH FL
TITLE	VS	2. 1 TITLE	VAS
NAME	LIEB, JAMES M	2. 2 NAME	ROBERT VOLLRATH
STREET ADDRESS	4000 ISLAND BLVD.	2. 3 STREET ADDRESS	7900 ISLAND BLVD.
CITY - ST - ZIP	NORTH MIAMI BEACH FL	2. 4 CITY - ST - ZIP	NORTH MIAMI BEACH, FL
TITLE	CDT	3. 1 TITLE	
NAME	TRUMP, JULIUS	3. 2 NAME	
STREET ADDRESS	4000 ISLAND BLVD.	3. 3 STREET ADDRESS	
CITY - ST - ZIP	NORTH MIAMI BEACH FL	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 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: *James Lieb* James Lieb 4/19/96 (908) 390-9400

CR2E034 (12/95)