

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

**FILED**  
**Mar 25 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 # F95000002528 (6)**

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



Principal Place of Business  
**C/O EDDIE TRUMP  
 4000 ISLAND BLVD.  
 NORTH MIAMI BEACH FL 33180**

Mailing Address  
**C/O EDDIE TRUMP  
 4000 ISLAND BLVD.  
 NORTH MIAMI BEACH FL 33160-5203**

3. Date Incorporated or Qualified <b>05/24/1995</b>	3a. Date of Last Report <b>04/26/1996</b>
4. FEI Number <b>65-0576369</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

**ARKIN, RICHARD A  
 7900 ISLAND BLVD.  
 NORTH MIAMI BEACH FL 33180**

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	<b>FL</b>
83.	
84. City	

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 and my family will, and I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE (NOTE: Registered Agent signature required when registering) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TRUMP, EDDIE	1.2 NAME	C, D TRUMP, EDDIE
STREET ADDRESS	4000 ISLAND BLVD.	1.3 STREET ADDRESS	
CITY - ST - ZIP	NORTH MIAMI BEACH FL	1.4 CITY - ST - ZIP	
TITLE	VS	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LIEB, JAMES M	2.2 NAME	D LIEB, JAMES M.
STREET ADDRESS	4000 ISLAND BLVD.	2.3 STREET ADDRESS	
CITY - ST - ZIP	NORTH MIAMI BEACH FL	2.4 CITY - ST - ZIP	
TITLE	CDT	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TRUMP, JULIUS	3.2 NAME	C, T TRUMP, JULIUS
STREET ADDRESS	4000 ISLAND BLVD.	3.3 STREET ADDRESS	
CITY - ST - ZIP	NORTH MIAMI BEACH FL	3.4 CITY - ST - ZIP	
TITLE	DV	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MATUS, ALAN	4.2 NAME	
STREET ADDRESS	7900 ISLAND BLVD	4.3 STREET ADDRESS	
CITY - ST - ZIP	NORTH MIAMI BEACH FL	4.4 CITY - ST - ZIP	
TITLE	VAS	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VOLLRATH, ROBERT	5.2 NAME	
STREET ADDRESS	7900 ISLAND BLVD	5.3 STREET ADDRESS	
CITY - ST - ZIP	NORTH MIAMI BEACH FL	5.4 CITY - ST - ZIP	
TITLE		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, \_\_\_\_\_, 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 of this report, or on an attachment with an address.

**SIGNATURE:** *Robert Vollrath*  
 ROBERT VOLLRATH VICE PRESIDENT  
 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-19-97 1-305-937-7884

CR2E034 (9/96)