Applied For

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 # F95000002528 1. Corporation Name

IC HOLDINGS, INC.

2. Principal Place of Business

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

2a. Mailing Address

FILED May 04, 1999 8:00 am Secretary of State

05-04-1999 90006 041 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

05/24/1995 4. FEI Number

21		26		[65-0576369		No	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	<u> </u>	\$8.75 A	
22		27				·		<u>. </u>
City & State	e	City & State			6. Election Campaign Financing		\$5.00	
23		28			Trust Fund Contribution		Added t	o Fees
Zip	Country	Zip	Country		8. This corporation owes the curr	ent year Inta		_
24	25	29 30	0		Personal Property Tax.			□No
	9. Name and Address of Current	Registered Agent			10. Name and Address of New F	Registered	Agent	
ADV	IN DICHARD A		81 Nar	me R	Robert I. Finvarb			
ARKIN, RICHARD A			82 Street Address (P.O. Box Number is Not Acceptable)					
7900 ISLAND BLVD.					900 Island Blvd.			
NUH	ITH MIAMI BEACH FL 33160		83					
•			84 City		····	 .	85 Zip (`oda
			84 City	y No	rth Miami Beach	FL	100 233	160
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508. Florida Statutes.	the above-nam	ned corpora	ation submits this statement for the	purpose of	changing its	registered
office or r	enistered agent, or both, in the State o	f Florida. Such change was auth	norized by the co	orporation'	s board of directors. I hereby accep	t the appoir	ntment as reg	gistered
agent. I a	m familiar with, and accept the obligation		avadatutes.			21/2	2100	
SIGNATURE_	Signaphe, typed or printed name of registered agent	I. FINVARB. V	/ 7 egistered Agent signate	tura regulated us	han reinstating)	DATE	2/ 77	·
12.	Signapure, typed or printed name or registered agent OFFICERS AND		13.	resta sequinaci W	ADDITIONS/CHANGES TO OF		D DIRECTO	RS IN 12
TITLE	CD	DELETE	1.1 TITLE				Change	Addition
NAME	TRUMP, EDDIE		1.2 NAME				, ,	••
	4000 ISLAND BLVD.		1.3 STREET ADDRE	ESS				
STREET ADDRESS	NORTH MIAMI BEACH FL		, ,		•		•	
CITY-ST-ZIP	NORTH MIAMI BEACH FL	₩ DELETE	1.4 CITY-ST-ZIP 2.1 TITLE	-	TEMP C P		★ Change	☐ Addition
TITLE		X DELLE	2.1 HILE 2.2 NAME		EVP, S, T		And arrange	
NAME	LIEB, JAMES M 4000 ISLAND BLVD.		2.2 NAME 2.3 STREET ADDRE		mes M. Lieb			
STREET ADDRESS			ľ	7 40	00 Island Blvd.	r., ,		
CITY-ST-ZIP	NORTH MIAMI BEACH FL	- Delete	2. 4 CITY-ST-ZIP	No	<u>rth Miami Beach, Fl</u>	1	Change	Addition
TITLE	CT	☐ DELETE	3.1 TITLE		•		Cliarige	☐ Addidon
NAME	TRUMP, JULIUS		3.2 NAMÉ					
STREET ADDRESS	4000 ISLAND BLVD.		3.3 STREET ADDRE	ESS				
CITY-ST-ZIP	NORTH MIAMI BEACH FL		3.4. CITY-ST-ZIP					
TITLE	DV	☐ DELETE	4.1 TITLE				Change	☐ Addition
NAME	MATUS, ALAN		4. 2 NAME					
STREET ADDRESS	7900 ISLAND BLVD	,	4.3 STREET ADDRE	ESS	•	-		
CITY-ST-ZIP	NORTH MIAMI BEACH FL		4.4 CITY-ST-ZIP					
TITLE	VAS	∖ ⊠ DELETE	5.1 TITLE				Change	☐ Addition
NAME	VOLLRATH, ROBERT	1.	5.2 NAME					
STREET ADDRESS	7900 ISLAND BLVD		5.3 STREET ADDRE	ESS				
CITY+ST-ZIP	NORTH MIAMI BEACH FL		5.4 CITY-ST-ZIP					-
TITLE	VP	☐ DELETE	6.1 TITLE				Change	☐ Addition
NAME	FINVARB, ROBERT		6.2 NAME	ļ				
STREET ADDRESS	C/O EDDIE TRUMP		6.3 STREET ADDRE	ESS		•		
CITY-ST-7IP	NORTH MIAMI BEACH FL 3316	0	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 if changed, or on an artischment with an address, with all other like empowered.

SIGNATURE:

AND THE RECURS OF DIRECTOR

(305)937 - 7823