

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

FILED  
Feb 18, 1999 8:00am  
Secretary of State

02-18-1999 90005 048 \*\*\*150.00

DOCUMENT # F95000004738

1. Corporation Name  
ICP MIAMI I CORP.

Principal Place of Business  
C/O FORTIS, INC. ATTN: J SHEEHAN  
ONE CHASE MANHATTAN PLAZA  
NEW YORK NY 10005

Mailing Address  
C/O FORTIS, INC. ATTN: J SHEEHAN  
ONE CHASE MANHATTAN PLAZA  
NEW YORK NY 10005

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/28/1995

4. FEI Number

13-2852607

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	CLAYTON, KERRY	
STREET ADDRESS	ONE CHASE MANHATTAN PLAZA	
CITY-ST-ZIP	NEW YORK NY 10005	
TITLE	P	<input type="checkbox"/> DELETE
NAME	BRINKERHOFF, JAMES J	
STREET ADDRESS	ONE CHASE MANHATTAN PLAZA	
CITY-ST-ZIP	NEW YORK NY 10005	
TITLE	S	<input type="checkbox"/> DELETE
NAME	SHEEHAN, JOHN F ESQ	
STREET ADDRESS	ONE CHASE MANHATTAN PLAZA	
CITY-ST-ZIP	NEW YORK NY 10005	
TITLE	T	<input type="checkbox"/> DELETE
NAME	HEGE, BARBARA	
STREET ADDRESS	ONE CHASE MANHATTAN PLAZA	
CITY-ST-ZIP	NEW YORK NY 10005	
TITLE	V	<input type="checkbox"/> DELETE
NAME	NORCROSS, TEEL JR	
STREET ADDRESS	ONE CHASE MANHATTAN PLAZA	
CITY-ST-ZIP	NEW YORK NY 10005	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FREEDMAN, ALLEN R	
STREET ADDRESS	ONE CHASE MANHATTAN PLAZA	
CITY-ST-ZIP	NEW YORK NY 10005	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)