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Feb 05 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 # G10697 (2)

1. Corporation Name
ICR, INC.

Principal Place of Business

% REBECCA RIVERA
6220 S. ORANGE BL. TR., STE 142
ORLANDO FL 32809

Mailing Address

% REBECCA RIVERA
6220 S. ORANGE BL. TR., STE 142
ORLANDO FL 32809



3. Date Incorporated or Qualified
11/12/1982

3a. Date of Last Report
07/30/1996

2. Principal Place of Business
21 9549 LA VILL CT
Suite, Apt. #, etc.

2a. Mailing Address
26 9549 LA VILL CT
Suite, Apt. #, etc.

22 City & State
23 WINDERMERE FL
Zip 24 34786 Country 25 USA

27 City & State
28 WINDERMERE FL
Zip 29 34786 Country 30 USA

4. FEI Number
59-2235434
Applied For
Not Applicable

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

9. Name and Address of Current Registered Agent

CASTRO, LOURDES
6220 S. ORANGE BL. TR.
STE 142
ORLANDO FL 32809

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	PD	<input type="checkbox"/> DELETE
NAME	REINA, ERASMO	
STREET ADDRESS	6220 S. ORANGE BLVD., TR., SUITE 142	
CITY-ST-ZIP	ORLANDO FL 32809	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	REINA, JOHN F	
STREET ADDRESS	6220 S. ORANGE BLVD., TR., SUITE 142	
CITY-ST-ZIP	ORLANDO FL 32809	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	REINA, RICARDO	
STREET ADDRESS	6220 S. ORANGE BLVD., TR., SUITE 142	
CITY-ST-ZIP	ORLANDO FL 32809	
TITLE	D	<input type="checkbox"/> DELETE
NAME	REINA, JUAN P	
STREET ADDRESS	6220 S. ORANGE BLVD., TR., SUITE 142	
CITY-ST-ZIP	ORLANDO FL 32809	
TITLE	D	<input type="checkbox"/> DELETE
NAME	REINA, LUIS E	
STREET ADDRESS	6220 S. ORANGE BLVD., TR., SUITE 142	
CITY-ST-ZIP	ORLANDO FL 32809	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 do 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 10 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/97

Date

Daytime Phone #

0515877

CR2E034 (9/96)