Mar 02, 1999 8:00 am Secretary of State

03-02-1999 90148 049 \*\*\*150.00

## 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 # LIGGES1

	Corporation	ICAL TECHNOLOGY, INC.				
Pr	Principal Place of Business Mailing Address					(   Billitt) till Balat i Blue Buile allat hier artet arett arett arett arett arett
6512 NW 13TH COURT PO BOX 17962 PLANTATION FL 33318  6512 NW 13TH COURT PO BOX 17962 PLANTATION FL 33318						DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed  06/19/1984
2	Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number Applied For
21	i anopar i	000 01 000111.000	26			59-2801948 Not Applicable
1	Suite, Apt.	te, Apt. #, etc. Suite, Apt. #, etc.				\$8.75 Additional
22		27				Fee Required
23	City & State		City & State	_		6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees
	Zip	Country	Zip	Country		8. This corporation owes the current year Intangible
24		25	29 30	L	-	Personal Property Tax.
Name and Address of Current Registered Agent				81	Name	10. Name and Address of New Registered Agent
CANTER, THELMA M.					IVAILLE	<u> </u>
6512 NW 13TH COURT				82	Street A	ddress (P.O. Box Number is Not Acceptable)
PLANTATION FL 33313				83		
				L.	ļ	
				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.						
SI	GNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Reg	istered Ager	nt signature rec	quired when reinstating) DATE
12		OFFICERS AND DIRECTORS 13.				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TIT		PDS	☐ DELETE	1.1 TITLE		<b>↑ D</b> Change Addition
NA	ME )	CANTER, EDWIN L		1.2 NAME	Ì	CANTER, THELMA 7200 NW 6 ST FL 33317 PLANTATION FL 33317
ST	REET ADDRESS	, , 200 , , , , , , , , , , , , , , , ,		1.3 STREE	TADDRESS .	7200 NW 6 ST - 222 17
CIT	Y-ST-ZIP	PLANTATION FL 33317	TION FL 33317 14CIT		T-ZIP	PLANTATION FL 33711
TIT	LE	VD ,	DELETE	2.1 TITLE		☐ Change ☐ Addition
NA	ME	ROBBINS, ALAN W.		2.2 NAME		
STI	REET ADDRESS	6900 PLANTATION RD.		2.3 STREE	1	
	Y-ST-ZIP	PLANTATION FL	DELETE	2.4 CITY-S 3.1 TITLE	ST-ZIP	Change Addition
TIT				3.2 NAME		
NA	1				T ADDRESS	
ł	REET ADDRESS			3.4. CITY-5		· ·
TIT	Y-ST-ZIP		☐ DELETE	4.1 TITLE	,,	☐ Change ☐ Addition
NA	1			4. 2 NAME	1	
ı	REET ADDRESS	•		4.3 STREE	T ADDRESS	
l	Y-ST-ZIP			4.4 CITY-S	T-ZIP	
TIT			☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NA	ME			5.2 NAME	1	• •
ST	REET ADDRESS			5.3 STREE	TADDRESS	
0.0			•	5.4 CITY-S	T-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.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ DELETE

SIGNATURE:

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

Change

Addition