

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 # H32104

1. Corporation Name

INDUSTRIAL-COMMERCIAL STRUCTURES, INC.

Principal Place of Business

% ROBERT N. JOHNSON
933 LEE ROAD, SUITE 400
ORLANDO FL 32810

Mailing Address

% ROBERT N. JOHNSON
933 LEE ROAD, SUITE 400
ORLANDO FL 32810

FILED
May 03, 1999 8:00 am
Secretary of State

05-03-1999 90091 013 ***158.75



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/30/1984

4. FEI Number

59-2880431

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 owes the current year Intangible
Personal Property Tax.



Yes

No

9. Name and Address of Current Registered Agent

JOHNSON, BRYAN A.
933 LEE RD.
SUITE 400
ORLANDO FL 32810

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 NAME STREET ADDRESS CITY-ST-ZIP

PVT
JOHNSON, BRYAN A.
933 LEE RD. SUITE 400
ORLANDO FL

DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

S
JOHNSON, MATTHEW T
933 LEE ROAD, SUITE 400
ORLANDO FL

DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

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13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

Change Addition

Change Addition

Change Addition

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SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/99

407-629-5431

Date

Daytime Phone #

CR2E034 (1/98)