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 May 10, 1999 8:00 am Secretary of State

05-10-1999 90068 017 ***150.00

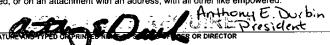
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INDUSTRIAL CONTROL ELECTRONICS CORPORATION

Principal Place of Business Mailing Address						ı senigil Bild Eli			4181) BIBN 91815 BI	841 91011 8 1811	1881
23150 SANDALFOOT PLAZA DR		23150 SANDALFOOT PLAZA DR									
STE-201		STE 201			.						
BOCA RATON FL 33428		BOCA RATON FL 33428			` <u></u>	DO NOT WRITE IN THIS SPACE					
US		US				Date Incorporated 07/15/1985	or Qualit	fed			
2 Principal Pl	ace of Business	2a. Mailing Address								Applied Fo	ər
21		26				59-2563501			Not Applica	able	
Suite Apt. i	#. etc.	Suite, Apt. #, etc.						. =	\$8.7	5 Additions	al
22 B		27 6			5. (Certifcate of Statu	s Desired	± 🗀	Fee	Required	
City & State		City & State			6. E	Election Campaigr	ı Financi	ng _	\$5.0	0 May Be	
23		28			1	Trust Fund Contribution Added to Fees					
Zip Country		Zip Country			8. 7	This corporation o	wes the	current ye	ar Intangible	_	
24	25	29	30		F	Personal Property	Tax.		☐ Yes	_ X No	
	9. Name and Address of Curren	t Registered Agent			10. l	Name and Addre	ss of Ne	w Regist	ered Agent		
				81 Name	DURR	N, ANT	HON	۲			1
DURBIN, ANTHONY			h	B2 Street		D. Box Number is					\neg
22464 MIDDLETOWN DRIVE			1			SW	.71	<u>^</u> 5-	treet		
BOC	A RATON FL 33428		1	83	-						
			F	84 City	0.				06	ip Code	
			l'	84 City	13000	Katon			FL 85 2	3343 <u>-</u>	3
11. Pursuant f	to the provisions of Sections 607.050	2 and 607.1508, Florida Statute	s, the ab	ove-named	corporation	submits this state	ment for	the purpo	se of changing	its register	red
office or re	egistered agent, or both, in the State of familiar with, and accept the obligat	of Florida. Such change was au	thonzed	by the corp	poration's boa	rd of directors. I h	nereby ac	ccept the a	appointment a	s registered	'
	in larrigiar with, and accept the obligat	dons of, decilon oor.coos, i lon	oa oata								
SIGNATURE	Signature, typed or printed name of registered agen	t and title if applicable. (NOTE:	Registered A	gent signature	required when rein	nstating)		DA	TE		-
12.	OFFICERS AN		13.	·-·	Αſ	DDITIONS/CHAN	GES TO	OFFICER	S AND DIREC	TORS IN	12
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NAME											İ
STREET ADDRESS	•		6.3 STH	EET ADDRESS	21						

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.

6.4 CITY-ST-ZIP



561-218-3312