


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Feb 19 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **J19645** (7)
1. Corporation Name
ICD CORPORATION OF ORLANDO



Principal Place of Business 105 CANDACE DR. SUITE 129 MAITLAND FL 32751	Mailing Address 105 CANDACE DR. SUITE 129 MAITLAND FL 32751
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 06/13/1986	
				4. FEI Number 59-2691451	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year's Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**KRUPSKI, ISIDORE P.
430 TIMBER RIDGE DR
LONGWOOD FL 32779**

10. Name and Address of New Registered Agent

81 Name	KRUPSKI, ISIDORE P
82 Street Address (P.O. Box Number is Not Acceptable)	1172 BRAMPTON PLACE
83	
84 City	HEATH ROW
85 Zip Code	FL 32746

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 *Sandra B. Mortham* DATE **1/8/98**
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	KRUPSKI, I. PETER	1.2 NAME	KRUPSKI, I
STREET ADDRESS	430 TIMBER RIDGE DR.	1.3 STREET ADDRESS	1172 BRAMPTON PLACE
CITY-ST-ZIP	LONGWOOD-FL	1.4 CITY-ST-ZIP	HEATHROW FL 32746
TITLE	D	2.1 TITLE	D
NAME	KRUPSKI, CAROLE J.	2.2 NAME	KRUPSKI CAROLE
STREET ADDRESS	430 TIMBER RIDGE DR.	2.3 STREET ADDRESS	1172 BRAMPTON PLACE
CITY-ST-ZIP	LONGWOOD-FL	2.4 CITY-ST-ZIP	HEATHROW FL 32746
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

CR2E034 (10/97)