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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Matham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **K40259** (9)
1. Corporation Name
ICR DEVELOPMENT CORPORATION

Principal Place of Business
**1617 N. FLAGLER AVENUE
WEST PALM BEACH FL 33407**

Mailing Address
**1617 N. FLAGLER AVENUE
WEST PALM BEACH FL 33407**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 **21**
Suite, Apt. #, etc.
22
City & State
23 **Palm Beach Gardens, FL**
24 **33420** 25 **USA**

2a. Mailing Address
26 **P.O. Box 33209**
27
City & State
28 **Palm Beach Gardens, FL**
29 **33420** 30 **USA**

3. Date Incorporated or Qualified
10/21/1988

3a. Date of Last Report
07/18/1994

4. FEI Number
65-0082365

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

7. This corporation has liability for intangible tax under E. 100.022, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
**GRANDJEAN, JEAN-MICHEL
787 FORESTERIA AVE.
WELLINGTON FL 33414**

10. Name and Address of New Registered Agent
81 Name
Marian Pearlman Nease
82 Street Address (P.O. Box Number is Not Acceptable)
5355 Town Center Rd
83
Suite 801
84 City
Boca Raton FL 85 Zip Code
33486

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 607.0503, Florida Statutes.

SIGNATURE **Marian Pearlman Nease** **MARIAN PEARLMAN NEASE** **4/28/95**

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP
	CS		
	ROTHPLETZ, ROLAND		
	1617 N FLAGLER AV		
	WEST PALM BEACH FL		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY, ST, ZIP	Change	Addition
CS	ROTHPLETZ, ROLAND	PO Box 33209	(N/A)	☒	☐
		PB4, FL 33420		☐	☐

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 a single circle mark 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 or on an attachment with an address.

SIGNATURE: **ROTHPLETZ**

4/6/95