

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

FILED
Apr 17 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 # **K51953** (3)
1. Corporation Name
INNOVATIVE CONCEPT GROUP, INC.



Principal Place of Business % RAYMOND A. ALLEY JR 805 W AZEELE TAMPA FL 33606	Mailing Address % RAYMOND A. ALLEY JR 805 W AZEELE TAMPA FL 33606
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Innovative Concept Grp Suite, Apt. #, etc. 22 5211 W. Laurel St. City & State 23 Tampa, FL 33607-1736 Zip Country		2a. Mailing Address 26 Innovative Concept Grp Suite, Apt. #, etc. 27 P. O. Box 30719 City & State 28 Tampa, FL 33630-3719 Zip Country		3. Date Incorporated or Qualified 12/16/1988	
		4. FEI Number 59-0920918		Applied For <input type="checkbox"/> Not Applicable	
		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 Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent ALLEY, RAYMOND A. JR 805 W AZEELE TAMPA FL 33606		10. Name and Address of New Registered Agent 81 Name James A. Pless 82 Street Address (P.O. Box Number is Not Acceptable) 5211 W. Laurel St. 83 84 City Tampa FL 85 Zip Code 33607-1736	
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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]* DATE **4/8/98**
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 D	<input type="checkbox"/> DELETE	1.1 TITLE CFO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CROSBY, RICHARD		1.2 NAME N/A	
STREET ADDRESS 17309 LINDA VISTA CIRCLE		1.3 STREET ADDRESS P. O. Box 30719	
CITY-ST-ZIP LUTZ FL 33549		1.4 CITY-ST-ZIP Tampa, Florida 33630-3719	
TITLE D	<input type="checkbox"/> DELETE	2.1 TITLE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME TAYLOR, WILLIAM S. JR		2.2 NAME N/A	
STREET ADDRESS 1040 BIG MOSS LAKE ROAD		2.3 STREET ADDRESS P. O. Box 30719	
CITY-ST-ZIP LUTZ FL 33549		2.4 CITY-ST-ZIP Tampa, Florida 33630-3719	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE CEO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME James A. Pless (Jim)	
STREET ADDRESS		3.3 STREET ADDRESS P. O. Box 30719	
CITY-ST-ZIP		3.4 CITY-ST-ZIP Tampa, Florida 33630-3719	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE EXEC V/P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME Reed L. Pless	
STREET ADDRESS		4.3 STREET ADDRESS P. O. Box 30719	
CITY-ST-ZIP		4.4 CITY-ST-ZIP Tampa, Florida 33630-3719	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 any attachment with an address.

SIGNATURE *[Signature]* DATE **3/30/98**

CR2E034 (10/97)