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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 1. Corporation Name

(7)

ICN, CORP.

FILED							
Apr	15	1998	8:00am				
Se	cre	tary o	f State				

EH ED



Principal Place of Business Mailing Address					- T HERIOTAL DIE INDEN TIONI DITTI IBERA DITTI DIESE PROTE PROTE DIESE DE L'ARCHI DE L'ARCHI DE L'ARCHI DI PROTE DI L'ARCHI DI PROTE DI L'ARCHI		
SUITE 300 SUITE 300		DELRAY BEACH FL 3348			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified		
2. Principal P	lace of Business	2s. Mailing Address			03/13/1989 4. FEI Number	Applied For	
21		26			65-0119405	Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			Certificate of Status Desired	\$8.75 Additional	
22 27					e. Certificate of Status Desired	Fee Required	
City & State	Ð	City & State			8. Election Campaign Financing	\$5.00 May Be Added to Fees	
Zip	Country	Zip	Count	rv	Trust Fund Contribution		
24				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No			
	g. Name and Address of Currer	nt Registered Agent		10. Name and Address of New Registered Agent			
CH	ierry, martin		8	1 Name			
13635 STAIMFORD DR			8	82 Street Address (P.O. Box Number is Not Acceptable)			
WE	ELLINGTON FL 33414		8	2			
			Ľ	<u> </u>		•	
			8	4 City		FI 85 Zip Code	
11. Pursuant office or r agent I a	to the provisions of Sections 607.050 egistered agent, or both, in the State in familiar with, and accept the oblig	12 and 607.1508, Florida Statut of Florida. Such change was a ations of, Section 607.0505, Flo	es, the abo authorized to orida Statuti	ve-named corp by the corporates.	poration submits this statement for the p lion's board of directors. I hereby accep		
SIGNATURE							
	Signature, typod or printed hame of registered age			gent signature requi	red when reinstating)	DATE	
12.	DPC OFFICERS AN	D DIRECTORS DELETE	13.	· I	ADDITIONS/CHANGES TO OFFICE	CERS AND DIRECTORS IN 12 Change Addition	
NAME	CHERRY, ERIC		1.1 TITLE 1.2 NAME			Change L Addition	
STREET ADDRESS	2525 S. OCEAN BLVD.		E .	ET ADDRESS			
CITY-ST-ZIP	HIGHLAND BEACH FL 33487	ı	1.4 CITY				
TITLE	DVS	☐ DELETE	2.1 TITLE			Change Addition	
NAME	CHERRY, MARTIN		2.2 NAME			-	
STREET ADDRESS	13635 STAIMFORD DR		2.3 STRE	ET ADORESS			
CITY-ST-ZIP	WELLINGTON FL		2. 4 CITY	-ST-ZIP			
TITLE	D	☐ DELETE	3.1 TITLE			Change Addition	
NAME	COSTICH, KEN		3.2 NAME				
STREET ADDRESS	4500 N. QUARTZ HILL DR.			ET ADDRESS			
CITY-ST-ZIP TITLE	TUCSON AZ 85715 D	DELETE	3.4. CITY 4.1 TITLE			Change Addition	
NAME	POTENZA, JACK	been	4.1 IIILE 4.2 NAM			Ci cuange Ci Aballion	
STREET ADDRESS	1801 S. FEDERAL HWY., SUI	TE 300		ET ADDRESS			
CITY-ST-ZIP	DELRAY BEACH FL 33483	16 000	4.4 CITY				
TITLE	D	DELETE	5.1 TITLE			☐ Change ☐ Addition	
NAME	RANDAZZA, JOE		5.2 NAME				
STREET ADDRESS	1801 S. FEDERAL HWY		5.3 STREE	T ADDRESS			
CITY-S1-ZIP	DELRAY BEACH FL 33483		5.4 CITY-	ST-ZIP			
TITLE	D	☐ DELETE	6.1 TITLE			☐ Change ☐ Addition	
NAME	SLADE, JARVIS		6.2 NAME				
STREET ADDRESS	666 3RD AVE.		6.3 STREE	T ADDRESS			

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 supplied 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 of the regimer of 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 of an attachment with an address.

REQUIRED

SIGNATURE:

417/58 561-172-02

CR2E034 (10/97)