

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra D. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 APR 27 AM 11:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L41715** (8)

1. Corporation Name

INDEPENDENT CAPITAL ENTERPRISES 1990, INC.

Principal Place of Business

C/O GREGORY PAULES
12421 N FLORIDA AVE., SUITE B-122
TAMPA FL 33612

Mailing Address

C/O GREGORY PAULES
12421 N FLORIDA AVE., SUITE B-122
TAMPA FL 33612

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

12/30/1989

3a. Date of Last Report

06/06/1994

4. FEI Number

59-2980473

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

7. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21 **1001 S. Dale Mabry**

2a. Mailing Address

26 **1001 S. Dale Mabry**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **Tampa FL**

27 **Tampa FL**

City & State

City & State

23 **33629**

28 **33629**

Zip

County

Zip

County

24 **Hillsborough**

29 **Hillsborough**

9. Name and Address of Current Registered Agent

**PAULES, GREGORY
12421 N FLORIDA AVENUE
SUITE B-122
TAMPA FL 33612**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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, typed or printed name of registered agent and date of appointment

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	LARSEN, NINA L.
STREET ADDRESS	8918 WILSKY BLVD.
CITY, ST, ZIP	TAMPA FL
TITLE	D
NAME	LARSEN, NEVINS R.
STREET ADDRESS	8918 WILSKY BLVD.
CITY, ST, ZIP	TAMPA FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY, ST, ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	800001469718
2.3 STREET ADDRESS	-05/01/95--01073--016
2.4 CITY, ST, ZIP	*****200.00 *****200.00
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY, ST, ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY, ST, ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY, ST, ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY, ST, ZIP	

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 110.07(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 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.

SIGNATURE:

Nina L. Larsen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/95
DATE

813 816-4612
TELEPHONE NUMBER

4-21-95
FILED