

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # L41715 (8)

1. Corporation Name

INDEPENDENT CAPITAL ENTERPRISES 1990, INC.



Principal Place of Business

1001 S. DALE MABRY
TAMPA FL 33629

Mailing Address

1001 S. DALE MABRY
TAMPA FL 33629

2. Principal Place of Business

21 4103 W. ALVA

Suite, Apt. #, etc.

22

City & State

23 TAMPA FL

Zip

24 33614

Country

25 Hillsboro

2a. Mailing Address

26 4103 W. ALVA

Suite, Apt. #, etc.

27

City & State

28 TAMPA FL

Zip

29 33614

Country

30 Hillsboro

3. Date Incorporated or Qualified

12/30/1989

3a. Date of Last Report

04/27/1995

4. FEI Number

59-2980473

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

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

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85

Zip Code

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

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 street address

(SEE Registered Agent Signature Required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

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

TITLE ☐ DELETE

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

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

4103 W. ALVA
TAMPA, FL 33614

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

4103 W. ALVA
TAMPA, FL 33614

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

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 119.07(3)(k), 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 Nina L. Larsen

4-19-96

813-876-4612

CR2E034 (12/95)