FILED Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90001 032 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 1 454

 Corporation 	ICKS, INC.						
Principal Place of Business Mailing Address					T (ME)(A)) B)) A160 B) B(10) (16)(1001 (16)	1 81811 8:81 81811 83	E11 01011 1001
119-32 US 19 7509 CANVASBACK DR PORT RICHEY FL 34668 NEW PORT RICHEY FL 3465			1		DO NOT WRITE IN THIS SPACE		
US					3. Date Incorporated or Qualifed		
					01/19/1990		1
2. Principal Pt	ace of Business	2a. Mailing Address			4. FEI Number	Apr	lied For
26					59-2987401	Not	Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. # Suit						_\$8.75 _. A	
22 27						Fee Red	
City & State	9	City & State	1		6. Election Campaign Financing Trust Fund Contribution	\$5.00 r Added to	
Zip	Country	Zip	Country	,	8. This corporation owes the current year	Intangible	_
25		29 30		Personal Property Tax.			
	9. Name and Address of Current	t Registered Agent	T	T	10. Name and Address of New Registere	d Agent	
CUR	reri, robert		81				
7509 CANVASBACK DR			82	Street Add	tress (P.O. Box Number is Not Acceptable)		
NEW	PORT RICHEY FL 34654		83				
			84	City		. 85 Zip C	ode
		•		1	F		
office or re agent. I as	egistered agent, or both, in the State in familiar with, and accept the obligated signature, typed or printed name of registered agent	of Florida. Such change was autr lions of, Section 607.0505, Florid	a Statute:	s.	poration submits this statement for the purpose tion's board of directors. I hereby accept the appropriate when reinstating)	ointment as reg	jistered
12.		D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12
TITLE	PST DELETE		1.1 TITLE			Change	☐ Addition
NAME	Curreri, Bob		1.2 NAME				}
STREET ADDRESS	7509 CANVASBACK DR		1.3 STREE	TADDRESS			Ì
CITY-ST-ZIP			1.4 CITY-\$T-ZIP				
TITLE	D DELETE		2.1 TITLE			Change	☐ Addition
NAME	CURRERI, BOB		2.2 NAME			•	
STREET ADDRESS			2.3 STREET ADDRESS		<u>معاملات مفرحات بيات البينان تشافيات</u>	~。	
CITY-ST-ZIP	NEW PORT RICHEY FL		2.4 CITY-ST-ZIP			[**] Change	Addition
TITLE	CT DELETE		3.1 TITLE				
NAME	CURRERI, DEBORAH		3.2 NAME				
STREET ADDRESS	7000 07077710071077		1	TADDRESS			
CITY-ST-ZIP	NEW PORT RICHEY FL	L 34.		ST-ZIP		Change	Addition
TITLE						دو ب	
NAME			4. 2 NAME	T ADORESS			
STREET ADDRESS CITY+ST+ZIP			4.4 CITY-	1	•		
TITLE		☐ DELETE 5.1T		-		Change	☐ Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREE	TADORESS			ł
CITY-ST-ZIP			5.4 CITY-	ST-ZIP			
TITLE		☐ DELETE	6.1 T∏LE			Change	☐ Addition
NAME	the entire of the		6.2 NAME		•		
OTDEET ADDDESS			6.3 STREE	T ADDRESS			

CITY-ST-ZIP - 1 14. 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 an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS