

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 # **L61133** (9)
1. Corporation Name
ICOT INVESTMENT, INC.

Principal Place of Business

17755 U.S. 19 NORTH
SUITE 150
CLEARWATER FL 34692

Mailing Address

%J. BOB HUMPHRIES
501 E. KENNEDY BLVD., SUITE 1700
TAMPA FL 33602

FILED
98 APR 29 AM 11:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		03/29/1990	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-3008656	
24 Country		29 Country		5. Certificate of Status Desired	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
				Applied For	
				Not Applicable	
				Fee Required	
				May Be	
				Added to Fees	
				Yes	
				No	

9. Name and Address of Current Registered Agent

HUMPHRIES, BOB J
501 E. KENNEDY BLVD.
SUITE 1700
TAMPA FL 33602

10. Name and Address of New Registered Agent

81 Name		
82 Street Address (P.O. Box and Zip Code)	4019992311504-5	
83	-05/05/98-01113-003	
84 City	FL	
85 Zip Code	****150.00 ****150.00	

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	AS	1.1 TITLE	
NAME	HUMPHRIES, BOB J	1.2 NAME	
STREET ADDRESS	501 E KENNEDY BLVD #1700	1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	
TITLE	PSTD	2.1 TITLE	D/P
NAME	HAY, DOUGLAS	2.2 NAME	
STREET ADDRESS	501 E. KENNEDY BLVD., #1700	2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33602	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	D/VP
NAME		3.2 NAME	Scrowston, Michael J.
STREET ADDRESS		3.3 STREET ADDRESS	501 E. Kennedy Blvd., #1700
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Tampa, FL 33602
TITLE		4.1 TITLE	S
NAME		4.2 NAME	White, Philip M.
STREET ADDRESS		4.3 STREET ADDRESS	501 E. Kennedy Blvd., #1700
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Tampa, FL 33602
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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; that I am the registered agent 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 in an attachment with an address.

4/28/98 (813) 222-1173

CP2E034 (10/97)