FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N37678

INTERNATIONAL CENTER PROPERTY OWNERS' ASSOCIATIO N. INC.

Principal Place of Busine	,
6817 WESTWOOD BLVD.	
ODI ANDO EL 22024	

Mailing Address

6817 WESTWOOD BLVD. ORLANDO FL 32821

FILED Mar 11, 1999 8:00 am secretary of State 03-11-1999 90007 022 ****61.25

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2. Principal P	Principal Place of Business 2a. Mailing Address			Date Incorporated or Qualifed					
21		26			04/17/1990				
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			4. FEI Number	Applied			
22		27			59-3173300	Not Ap	<u> </u>		
City & Stat	е	City & State			5. Certificate of Status Desired	8.75 Additi Fee Require			
Zip	Country	Zip	Counti	y .	6. Election Campaign Financing	\$5.00 May	/ Be		
24	25	29	30		1	Added to Fe	-		
	9. Name and Address of Currer		1-21	-	10. Name and Address of New Registered Age	nt			
			8	1 Name					
VAN SLYKE, RICHARD				2 C4===4	Address (D.O. Boy Number is Not Acceptable)	•			
			8	2 Street	Street Address (P.O. Box Number is Not Acceptable)				
	TWOOD BLVD.		8	3					
URLANDU	FL 32821		L						
			8	4 City	FI 8:	5 Zip Code	•		
44 5		O CAT AEOO Florido Protes		vo named	corporation submits this statement for the purpose of char	nging its regi	stered		
office or r	egistered agent, or both, in the State	of Florida. Such change was a	uthorized b	y the corp	oration's board of directors. I hereby accept the appointme	int as registe	red		
agent. I a	m familiar with, and accept the obliga	itions of, Section 617.0503, Flo	rida Statute	s.		•			
SIGNATURE									
	Signature, typed or printed name of registered age	· · · · · · · · · · · · · · · · · · ·		ent signature	required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND D	IDECTORS	IN 12		
12.		ND DIRECTORS	13.				Addition		
TITLE	D	☐ DELETE	1.1 TITLE			Orlange L			
NAME	MARTZ, JOHN C., JR.		1.2 NAME	Ē	· ·				
STREET ADDRESS	ONE BUSCH PLACE		1.3 STRE	ET ADDRESS	,	,			
CITY-ST-ZIP	ST. LOUIS MO		1.4 CfTY-	ST-ZIP		<u> </u>			
TITLE	D	☐ DELÉTÉ	2.1 TITLE		Li Li	Change [Addition		
NAME	HARRIS, JAMES L.		2.2 NAME	.		•			
STREET ADDRESS	6817 WESTWOOD BLVD.		2.3 STRE	ET ADDRESS					
CITY-ST-ZIP	ORLANDO FL		2.4 CITY	-ST-ZIP					
TITLE	D	☐ DELETE	3.1 TITLE	:		Change [Addition		
NAME	VAN SLYKE, RICHARD		3.2 NAME	=					
STREET ADDRESS			3.3 STRE	ET ADDRESS	,				
CITY-ST-ZIP	ORLANDO FL		3.4. CITY	-ST-ZIP	•				
TITLE		☐ DELETE	4.1 TITLE		2/1	Change	Addition		
NAME			4. 2 NAM	E	To L. Hecris	′			
STREET ADDRESS	İ			ET ADDRESS	James - 1.				
			4.4 CITY-	ST-ZIP	6217 Mestwacod Bud Orlando 1	1-1 Sta	15		
CITY-ST-ZIP TITLE		☐ DELETE	5.1 TITLE	G I^EIF	V/<	Change [Addition		
			5.2 NAMI	.	Rid val Van Stule	- ^	~		
NAME STORET ADDRESS				ET ADDRESS	Lieus ra der order	— .			
STREET ADDRESS			5.4 CITY	. ST. 7IP	PIT Towes L Herris 6517 Westwacol Blud Orlando 1 VIS Richard Ven Shylu 6817 Westward Blud Orlando	1-6.32	153		
CITY-ST-ZIP		☐ DELETE	6.1 TITLE	Ç1•ZIF		Change [Addition		
TITLE		☐ nere1s	6.2 NAMI]				
NAME			1				-		
STREET ADDRESS			1	ETADORESS					
CITY-ST-ZIP			6.4 CITY	ST-ZIP	1				

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 suppliemental 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 trastee empowered to execute this report as required by Chapter 617, 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.

SIGNATURE: