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NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

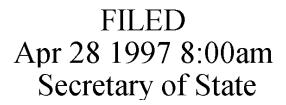
Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

N9600000766 (3)

ICD CORP.





7929011

Principal Place	e of Business	Mailing Address				0144 00111 00 181 20 311 10010 01111	E OHIT HODE
5177 CINDERLANE PARKWAY, SUITE 702 5177		5177 CINDERLANE PARKW ORLANDO FL 32808-0920	177 CINDERLANE PARKWAY, SUITE 702				
• • • • • • • • • • • • • • • • • • • •					3. Date Incorporated or Qualified 02/09/1996	3a. Date of Last Rep	ort
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number	Appli	ied For
21 26							Applicable
Sulte, Apt. #, etc. Suite, Apt. #		Suite, Apt. #, etc.	C.		5. Certificate of Status Desired	□ \$8.75 Add	ditional
22 27 Ch. 8 Stote		27			5. Certificate of Status Desired	Fee Requ	ired
City & State		City & State	City & State		6. Election Campaign Financing	\$5.00 M	ay Be
23		28	,		Trust Fund Contribution	Added to I	
Žip 24	Country 25	Zip 29	Countr 30	У	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes \(\sime\) Yo		
	9. Name and Address of Curr	ent Registered Agent			10. Name and Address of New Re	gistered Agent	
			B.	I Name			
Binaird, Robert a II				Street Add	ress (P.O. Box Number is Not Acceptab	le)	
524 NORTHWESTERN AVE.					,		
altamo	INTE SPRINGS FL 32714		83	3			
5			84	1 City		85 Zip Co	de
				l			
11. Pursuant I	to the provisions of Sections 617.0: egistered agent, or both, in the Sta	502 and 617,1508, Florida Statut ite of Florida, Such change was a	es, the abor	ve-named corpora	poration submits this statement for the p	urpose of changing its re	egistered
agent. I a	m familiar with, and accept the obl	igations of, Section 617.0503, Fli	orida Statute	98.	tion's board of directors. I hereby accep	t trio appointment de res	gioloroa
SIGNATURE _							=
12.	Signature, typed or printed name of registered r	ND DIRECTORS	E: Registered A	gent signature requ	ired when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE EDG AND DIRECTORS	INI 12
TITLE	PD	DELETE	11 TITLE		ADDITIONS/CHANGES TO CLATE		Addition
NAME	BAIRD, JAMES A III		1 2 NAME				
STREET ADDRESS	5177 CINDERLANE PARKW	AY. SUITE 702		T ADDRESS			
CITY-ST-ZIP	ORLANDO FL 32808	,	1.4 GITY-				
TITLE	SD DELETE		2.1 TITLE			Change	Addition
NAME	MUNIR, SHARITTA		2.2 NAME				
STREET ADDRESS	2690 HAWTHORNE LANE		2.3 STREET ADDRESS				
CITY-ST-ZIP	KISSIMMEE FL 34743		2. 4 CITY - ST - ZIP				
TITLE	TO DELETE		3.1 TITLE			Change	Addition
NAME	BAIRD, ROBERT A II		3.2 NAME				ļ
STREET ADDRESS	524 NORTHWESTERN AVE.		3.3 STREE	T ADDRESS			İ
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714		3.4. CITY-ST-ZIP				
TITLE	DELETE		4.1 TITLE		-	☐ Change	Addition
NAME			4. 2 NAM				
STREET ADDRESS			4.3 STREE	T ADDRESS			ĺ
CITY-ST-ZIP		There	4.4 CITY-	ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE			Change	Addition
NAME			5 2 NAME	l l			
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP TITLE		DELETE	5.4 City-			Change	Addition
			6.1 TITLE			rii cuange [Addition
NAME DIDEET ADDDEED			6.2 NAME	į			ł
STREET ADDRESS			ŧ	T ADDRESS			
CITY-ST-ZIP	. Ov certify that the information suppl	ied with this tiling does not quali	£.4 CITY- fy for the ex	emption state	d in Section 119.07(3)(i), Florida Statute	I further certify that the	,
Information	n indicated on this annual report o	r supplemental annual report is t or the receiver or trustee empow	rue and acc vered to exe	curate and tha	it my signature shall have the same lega ort as required by Chapter 617, Florida S	l effect as if made under	r oath; that ne