FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 AM 1:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P19392** **(0)**

1. Corporation Name

INTERNATIONAL CREDENTIALING ASSOCIATES, INC.

Principal Place of Business	Mailing Address
150 SECOND AVE., NORTH, SUITE 1600 ST. PETERSBURG FL 33701	150 SECOND AVE., NORTH, SUITE 1600 ST. PETERSBURG FL 33701

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
05/26/1988	03/10/1994

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / County 25	Zip 29 / County 30

4. FEI Number **52-1310458** ☐ 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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
GARRETT, GARY L. **150 SECOND AVENUE NORTH, SUITE 1600** **ST. PETERSBURG FL 33701**	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

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 607.0502, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
01 TITLE	PD	11 TITLE	☐ Change ☐ Addition
02 NAME	GARRETT, GARY L.	12 NAME	
03 STREET ADDRESS	150 SECOND AVE N. S-1600	13 STREET ADDRESS	
04 CITY, ST, ZIP	ST PETE FL	14 CITY, ST, ZIP	
01 TITLE	VD	21 TITLE	☐ Change ☐ Addition
02 NAME	GARRETT, LUDMILA M.	22 NAME	
03 STREET ADDRESS	150 SECOND AVE N. S-1600	23 STREET ADDRESS	
04 CITY, ST, ZIP	ST PETE FL	24 CITY, ST, ZIP	
01 TITLE	SD	31 TITLE	☐ Change ☐ Addition
02 NAME	HEIBERG, ERIC	32 NAME	
03 STREET ADDRESS	216 CHIPMUNK TRAIL	33 STREET ADDRESS	
04 CITY, ST, ZIP	FRONT ROYAL VA	34 CITY, ST, ZIP	
01 TITLE	AS	41 TITLE	☐ Change ☐ Addition
02 NAME	GARRETT, LUDMILA M.	42 NAME	
03 STREET ADDRESS	150 SECOND AVE N. S-1600	43 STREET ADDRESS	
04 CITY, ST, ZIP	ST PETE FL	44 CITY, ST, ZIP	
01 TITLE		51 TITLE	☐ Change ☐ Addition
02 NAME		52 NAME	
03 STREET ADDRESS		53 STREET ADDRESS	
04 CITY, ST, ZIP		54 CITY, ST, ZIP	
01 TITLE		61 TITLE	☐ Change ☐ Addition
02 NAME		62 NAME	
03 STREET ADDRESS		63 STREET ADDRESS	
04 CITY, ST, ZIP		64 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing 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: Gary L. Garrett GARY L. GARRETT 4-29-95 813-821-8854

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0908408 CP