FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P93000008215 (4)**

1. Corporation Name

ICON GROUP, INC.

Principal Place of Business	Mailing Address
14 SUNSETBAY DRIVE BELLEAIR FL 34616	14 SUNSETBAY DRIVE BELLEAIR FL 34616

2. Principal Place of Business	2a. Mailing Address
21 155 ANNWOOD RD	26 155 ANNWOOD RD
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: PALM HARBOR FL	28 City & State: PALM HARBOR FL
24 Zip: 34685 25 Country: USA	29 Zip: 34685 30 Country: USA

3. Date Incorporated or Qualified: 01/26/1993

3a. Date of Last Report: 04/24/1995

4. FEI Number: 59-3165604 ☐ 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

BUCHEBNER, MICHAEL J
14 SUNSET BAY DR.
BELLEAIR FL 34616

10. Name and Address of New Registered Agent

81 Name:

82 Street Address (P.O. Box Number is Not Acceptable): 155 ANNWOOD RD

83

84 City: PALM HARBOR **FL** 85 Zip Code: 34685

11. Pursuant to the provisions of Sections 607.0505 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: MICHAEL J. BUCHEBNER 4-2-96
Name of Registered Agent (Typed or Printed) Date

12. OFFICERS AND DIRECTORS		
TITLE	DP	☐ DELETE
NAME	BUCHEBNER, MICHAEL J	
STREET ADDRESS	14 SUNSET BAY DR.	
CITY-ST-ZIP	BELLEAIR FL	
TITLE	VTD	☐ DELETE
NAME	DEBRA K. JOHNSON	
STREET ADDRESS	530 DOGWOOD DR.	
CITY-ST-ZIP	SATELLITE BEACH FL	
TITLE	VS	☐ DELETE
NAME	JANET E. BUCHEBNER	
STREET ADDRESS	14 SUN SET BAY DR.	
CITY-ST-ZIP	BELLEVUE FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
5.1 TITLE		☒ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS	155 ANNWOOD RD.	
5.4 CITY-ST-ZIP	PALM HARBOR FL. 34685	
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		
7.1 TITLE		☒ Change ☐ Addition
7.2 NAME		
7.3 STREET ADDRESS	155 ANNWOOD RD.	
7.4 CITY-ST-ZIP	PALM HARBOR FL 34685	
8.1 TITLE		☐ Change ☐ Addition
8.2 NAME		
8.3 STREET ADDRESS		
8.4 CITY-ST-ZIP		
9.1 TITLE		☐ Change ☐ Addition
9.2 NAME		
9.3 STREET ADDRESS		
9.4 CITY-ST-ZIP		
10.1 TITLE		☐ Change ☐ Addition
10.2 NAME		
10.3 STREET ADDRESS		
10.4 CITY-ST-ZIP		

CR2E034 (12/95)

14. I/we hereby certify that the information indicated on this filing is voluntarily furnished and 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 above, or on an attachment with an address.

SIGNATURE: MICHAEL J. BUCHEBNER 4-2-96 813-781-8919
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
PRESIDENT