FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

1996

DIVISION OF CORPORATIONS

1. Corporation	MENT # P9300 Name ICKER FACTORY, INC.	00025454 (8)				
Principal Place of Business 4423 SE 16TH PLACE SUITE 19 CAPE CORAL FL 33904 US		Maiing Address 4423 SE 16TH PLACE SUITE 19 CAPE CORAL FL 33904 US		3. Date Incorporated or Qualified 3a. Date of Last Report 04/06/1993		
2. Principal Pla	ice of Business	2a. Mailing Address			4. FEI Number 65-0399373	Applied For
Suite Act # etc		26 Suito Aot # oto	Sciite, Apt. #, etc.		037038373	Not Applicable \$8.75 Additional
Suite, Apt. #, etc		27	· · · · · · · · · · · · · · · · · · ·		5. Gertificate of Status Desired	Fee Required
Crty & State		City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country Zφ 25 29		F-3	Country 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No		□No
	9. Name and Address of Curr	ent Registered Agent	8	1 Name	10. Name and Address of New R	egistered Agent
SILVER, STEVE						
1214 S.E. 26TH STREET			8	2 Street Addr	Address (P.O. Box Number is Not Acceptable)	
CAPE CO	ORAL FL 33904		8	3		
			8	4 City		FI 85 Zip Code
familiar with	h, and accept the obligations of Se	obon 607.0505, Florida Statutes		poration s boa	ed of directors. Thereby accept the appoint of directors. Thereby accept the appoint of the accept	(MIE
TITLE	PS ATTITION	DSTELE	DELETE 1 1 THUE			Change Addition
NAME	Miller, athur C. 5536 Montilla dr.		1.2 NAM			
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TITLE	V	DELETE	2 1 1 1	-		Change Add tion
NAME STREET ADDRESS	SILVER, STEVE 1214 SE 26TH ST.		2.2 NAM 2.3 STRE	E ET ADDRESS		
CITY-ST-ZIP	CAPE CORAL FL			-S* ZP		
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NAME STREET ADDRESS			B	EFF ADDRESS		
CITY-ST-ZIP			3 4 CITY			
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NAME			4.2 NAM			
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CITY - ST - ZIP TITLE		☐ DELETE	4.4 CITY - ST - ZIP 5.1 THLE			Change Addition
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CITY+ST-ZIP TITLE		☐ OELETE	5 4 CHY 6 1 THE 6 2 NAM	-SI- <i>I</i> IP F		Change Addition

certry that the information indicated on this arman report or supplemental amount report is run and abcurate and that my signature shall have the same legal effect as it 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:

Tulled HATHUR C. MILLER 1855. 5/14/46 941.945-3118