

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
May 15 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P93000036146 (7)

1. Corporation Name  
ICC MANAGEMENT, INC.



Principal Place of Business  
9701 CHESTNUT RIDGE DR  
SUITE 445  
WINDERMERE FL 34786  
US

Mailing Address  
200 SOUTH ORANGE AVENUE  
SUITE 2300  
ORLANDO FL 32801-3432  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/19/1993

4. FEI Number

59-3182014

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☒ Yes

☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

9. Name and Address of Current Registered Agent

A.G.C. COMPANY  
200 SOUTH ORANGE AVENUE  
SUITE 2300  
ORLANDO FL 32801-3432

10. Name and Address of New Registered Agent

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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and filer if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME THAKKAR, RASESH  
STREET ADDRESS 5082 ISLEWORTH CC DR.  
CITY-ST-ZIP WINDERMERE FL ☒ DELETE

TITLE V  
NAME JORGENSEN, BERNT  
STREET ADDRESS 9701 CHESTNUT RIDGE DR  
CITY-ST-ZIP WINDERMERE FL ☒ DELETE

TITLE ST  
NAME TURPIN, KAREN  
STREET ADDRESS 9701 CHESTNUT RIDGE DR  
CITY-ST-ZIP WINDERMERE FL ☒ DELETE

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 IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE DPS ☐ Change ☒ Addition  
4.2 NAME SILVERTON, VIVienne  
4.3 STREET ADDRESS 6100 DEACON DRIVE  
4.4 CITY-ST-ZIP WINDERMERE, FL 34786

5.1 TITLE DVT ☐ Change ☒ Addition  
5.2 NAME VOSS, JEFFERSON  
5.3 STREET ADDRESS 6100 DEACON DRIVE  
5.4 CITY-ST-ZIP WINDERMERE, FL 34786

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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 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 if changed or on an attachment with an address.

SIGNATURE

VIVienne SILVERTON

4.13.98

8-110-5432

CR2E034 (10/97)