

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2004 08:00 AM
Secretary of State

DOCUMENT # P93000067812
 1. Entity Name
 I.C.I. SHOPPING CENTRES (FLORIDA), INC.



Principal Place of Business Mailing Address
 3641 W. KENNEDY BLVD 3641 W. KENNEDY BLVD
 SUITE A SUITE A
 TAMPA, FL 33609 US TAMPA, FL 33609 US



04072004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
 65-0446278 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 BARNETT, LESLIE J
 BARNETT, BOLT, KIRKWOOD & LONG
 601 BAYSHORE BLVD., STE 700
 TAMPA, FL 33606

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

000000115658
 04/16/04-80031-020 150.00

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	LEVY, CLIFF
STREET ADDRESS	4932 ST. CROIX DRIVE
CITY-ST-ZIP	TAMPA, FL 33629
TITLE	D
NAME	LEVY, LINDA
STREET ADDRESS	4932 ST. CROIX DRIVE
CITY-ST-ZIP	TAMPA, FL 33629
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other life empowered.

SIGNATURE: [Signature] CLIFF LEVY 4/12/04 (813) 353-2220
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #