

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED

97 MAY -1 AM 11:47  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P93000078796(8)

1. Corporation Name

International Cooperative Consultants, Inc.

Principal Place of Business

Mailing Address

3. Date Incorporated or Qualified

11/5/93

3a. Date of Last Report

2/28/96

2. Principal Place of Business

2a. Mailing Address

21 3442 B Tampa Road

26 3442 B Tampa Road

4. FEI Number

59-3210157

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

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, Fl 32301

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  
officer 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 title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

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STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

☒ Change ☐ Addition

V.P., Secretary & Director  
William Planes

555 N.E. 15th. St. 33E

Miami, Fla 33132

President

Steve E. Pallos

1000 U.S. Hwy 98, North

Lakeland, Fl. 33809

William Planes Sr. CEO

854 Cypress Lakeview Ct.

Tarpon Springs, Fl. 34689

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14. I do 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. Block 13, if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William Planes CEO

(813)781-9885

Date

Daytime Phone #

CR2E034 (9/96)



**THE UNITED STATES  
CORPORATION**  
COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 347547 7128351

AUTHORIZATION :

COST LIMIT : \$ 165.00

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ORDER DATE : April 29, 1997

ORDER TIME : 11:40 AM

ORDER NO. : 347547-005

CUSTOMER NO: 7128351

CUSTOMER: Mr. William Planes  
Icc Financial Group  
3442-b Tampa Road

Palm Harbor, FL 34684  
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ANNUAL REPORT FILING

NAME: INTERNATIONAL COOPERATIVE  
CONSULTANTS, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_ CERTIFIED COPY  
XX PLAIN STAMPED COPY  
\_\_\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Tonya C. Holliday

EXAMINER'S INITIALS: \_\_\_\_\_