

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 28 AM 9:16

DOCUMENT # P93000086498 (1)

1. Corporation Name

INTERNATIONAL COMPUTER PRODUCTS U.S.A., INC.

Principal Place of Business

670 HARBOUR DR
NAPLES FL 33940

Mailing Address

C/O GAIL HAYES
790 HARBOUR DR STE 2B FL 33940
Naples, FL 33940

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/13/1993

3a. Date of Last Report
09/02/1994

4. FEI Number
65-0452879

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 interjurisdictional tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21 790 Harbour Dr

Suite, Apt. #, etc.

22 Suite 2B

City & State

23 Naples, FL

Zip

24 33940

Country

25 Collier

2a. Mailing Address

26 790 HARBOUR DR

Suite, Apt. #, etc.

27 STE 2B

City & State

28 NAPLES, FL

Zip

29 33940

Country

30 Collier

9. Name and Address of Current Registered Agent

DEKKERS, RUDI D

570 HARBOUR DR

NAPLES FL 33940

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

180 Topanga Dr

84

Bonita Springs

FL

85

Zip Code

33923

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 provisions of, Section 607.0505, Florida Statutes.

SIGNATURE X

(Signature of person named as registered agent and filer if applicable)

(NOTE: Registered Agent signature required when resigning)

X DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

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STREET ADDRESS

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NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change

☐ Addition

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

180 Topanga Dr

Bonita Springs, FL 33923

☐ Change

☐ Addition

☐ Change

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☐ Addition

☐ Change

☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 checked, or on an attachment with an address.

SIGNATURE: X

(Signature and stamped on printed name of signing officer or director)

X

Date

Chapter 19 Form 8