FILI	E NOW: FILI	ING FEE AFT	ER MAY 1 IS	\$ \$2	- 25.(00					
PROFIT CORPORATION ANNUAL REPORT 1996			FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS								
DOCUI	MENT #	P9300008									
Corporation AAAS	n Name IC, INC		`	,							
											ł
Principal Place	of Business	Ma	ling Address							IIII I ss ii ss ii iss	İ
GAINESVILL	iversity ave Le FL 32603		1939 SW 73RD TERRA GAINESVILLE FL 32601			\					
U\$							3. Date incorporated or Qualified 12/20/1993	3a. Date	of Last R		7
2. Principal Pla	ace of Business W. Unive	2a.	Mailing Address			-	4. FEI Number			Applied For	-
21 1 / Z 5 Suite, Apt.			Suite, Apt. #, etc.			~	59-3219475			Not Applicable	
22 City & State		27					5. Certificate of Status Desired		Fee	Additional Required	
23 Gaine	sville, F	1. 28	City & State				Election Campaign Financing Trust Fund Contribution			O May Be d to Fees	
^{Ζρ} 24 3260	Coun 25 U	try .S.A. 29	Zipi	30 Cou	antry		This corporation has liability for Florida Statutes	intang-ble tax	under s	199.032	
		ress of Current Registe		30	7		10. Name and Address of New F		gent		-
11. Pursuant to or registere familiar wit	o the provisions of Sec ed agent, or both, in th th, and accept the oblig	stions 607.0502 and 607 le State of Florida Such gations of, Section 607.0	1508, Florida Statutes change was authorized 505, Florida Statutes.	the abo		Dity ned corporati ation's board	on submits this statement for the purifications. Thereby accept the app	pose of chan ointment as r	1 1	o Code egistered offic Lagent, Lam	<u>e</u>
SIGNATURE _	Surahan Landor coch a on	e of registerel tage it and the if a									.
12.		OFFICERS AND DIRECT		13.	1 Agent sq	grafiae required w	ADDITIONS/CHANGES TO OFF	DATE ICERS AND I	NRECTO	DS IN 12	⊣ ર્જ
TIFLE	DV		DELETS	1.11	TLE		TENDERAL STREET		Change	Addit on	7
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CITY - ST - ZIP	GAINESVILLE F	<u>L</u>		140	TY-ST Z	it.					100
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CITY-ST-ZIP				-	TY-ST-2	IP					_]
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CITY - ST - ZIP					1960 AU 117-51-7						
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NAME				5 2 N	AME				•	_ `	
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TITLE NAME			DELETE	6 1 T					Change	Addition	-
				6.2 N		ORESS					1

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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)(k). 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 13 if changed, or on an attachment with an address

SIGNATURE:

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

Date: Place Place Place

Direct Mannator

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