

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

FILED
May 21 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P94000024339 (1)**

1. Corporation Name
ICP2, INC.

Principal Place of Business

**P.O. BOX 560279
ORLANDO FL 32856-0279**

Mailing Address

**P.O. BOX 560279
ORLANDO FL 32856-0279**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/30/1994	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 13-3799330		Applied For <input type="checkbox"/> Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country	29 Country	7. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
WALKER, H W JR 4900 FIRST UNION FINANCIAL CENTER 200 S BISCAYNE BOULEVARD MIAMI FL 33131				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 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	DP	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COHEN, MARK B	1.2 NAME	
STREET ADDRESS	PO BOX 395 CHURCH ST STATION	1.3 STREET ADDRESS	677 Washington Blvd.
CITY-ST-ZIP	NY NY	1.4 CITY-ST-ZIP	Stamford, CT 06912
TITLE	V	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MATTON, PETER V	2.2 NAME	
STREET ADDRESS	PO BOX 395 CHURCH ST STATION	2.3 STREET ADDRESS	677 Washington Blvd.
CITY-ST-ZIP	NY NY	2.4 CITY-ST-ZIP	Stamford, CT 06912
TITLE	V	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROCHE, WILLIAM A	3.2 NAME	
STREET ADDRESS	PO BOX 395 CHURCH ST STATION	3.3 STREET ADDRESS	677 Washington Blvd.
CITY-ST-ZIP	NY NY	3.4 CITY-ST-ZIP	Stamford, CT 06912
TITLE	TS	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FREILICH, PAUL A	4.2 NAME	
STREET ADDRESS	PO BOX 395 CHURCH ST STATION	4.3 STREET ADDRESS	677 Washington Blvd.
CITY-ST-ZIP	NY NY	4.4 CITY-ST-ZIP	Stamford, CT 06912
TITLE	V	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRIEDRICH, HENRY	5.2 NAME	
STREET ADDRESS	PO BOX 395 CHURCH ST STATION	5.3 STREET ADDRESS	677 Washington Blvd.
CITY-ST-ZIP	NY NY	5.4 CITY-ST-ZIP	Stamford, CT 06912
TITLE	V	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUERGLER, MARCUS U	6.2 NAME	
STREET ADDRESS	PO BOX 395 CHURCH ST STATION	6.3 STREET ADDRESS	677 Washington Blvd.
CITY-ST-ZIP	NY NY	6.4 CITY-ST-ZIP	Stamford, CT 06912

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:

Mark B Cohen

5/11/98

(203) 219-3000

CR2E034 (10/97)