

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 # P94000024341 (7)
 1. Corporation Name
ICP1, INC.



Principal Place of Business P.O. BOX 560279 ORLANDO FL 32856-0279	Mailing Address P.O. BOX 560279 ORLANDO FL 32856-0279
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
03/30/1994

4. FEI Number
13-3799327

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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip Country	28. Zip Country
24. Zip	29. Zip
25. Country	30. Country

9. Name and Address of Current Registered Agent

WALKER, H W JR
4900 FIRST UNION FINANCIAL CENTER
200 S BISCAYNE BOULEVARD
MIAMI FL 33131-2352

10. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	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 ATATION	1.3 STREET ADDRESS	677 Washington Blvd,
CITY-ST-ZIP	NY NY	1.4 CITY-ST-ZIP	Stamford, CT 06912
TITLE	V <input type="checkbox"/> DELETE	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 <input type="checkbox"/> DELETE	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 <input type="checkbox"/> DELETE	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 <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRIEDRICH, HENRY P	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 <input type="checkbox"/> DELETE	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: *Walter White* 5/11/98 (203) 719-3000

CR2E034 (10/97)