

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P94000094239 (8)**

1. Corporation Name

I.C.T. INVESTMENT PROPERTIES, INC.



Principal Place of Business

**1111 KANE CONCOURSE
502 CONCOURSE PLAZA
BAY HARBOR ISLAND, MIAMI FL 33154**

Mailing Address

**1111 KANE CONCOURSE
502 CONCOURSE PLAZA
BAY HARBOR ISLAND, MIAMI FL 33154**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**BOUSTHA, ABDENACEUR
1111 KANE CONCOURSE
502 CONCOURSE PLAZA
BAY HARBOR ISLAND, MIAMI FL 33154**

3. Date Incorporated or Qualified

12/23/1994

3a. Date of Last Report

05/01/1995

4. FEI Number

65-058702

Applied For

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

10. Name and Address of New Registered Agent

81 Name

MARTIN WIESCHOLEK

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

1111 Kane Concourse, 502

83

84 City

Bay Harbor

FL

85 Zip Code

33154

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 607.0605, Florida Statutes.

SIGNATURE

Signature typed or printed in block letters

Signature typed or printed in block letters

5-8-96

DATE

12.

OFFICERS AND DIRECTORS

TITLE

PS

NAME

BOUSTHA, ABDENACEUR

STREET ADDRESS

501 GOLDEN ISLES DR., SUITE 206

CITY-STATE-ZIP

HALLANDALE FL 33009

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

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NAME

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NAME

STREET ADDRESS

CITY-STATE-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

PS.

1.2 NAME

MARTIN WIESCHOLEK

1.3 STREET ADDRESS

1111 Kane Concourse, 502

1.4 CITY-STATE-ZIP

Bay Harbor, FL 33154

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

000001826080

-05/17/96--01016--036

*****600.00**

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 12 or Block 13 or is charged, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Day/Time Phone #

CR2E034 (12/95)

5-8-96