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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # P95000001779 (4)

ICLS ENTERPRISES, INC.

Principal Place of Business	Mailing Address
1412 GRACE AVE.	1412 GRACE AVE.
PANAMA CITY FL 32401	PANAMA CITY FL 32401-2208
US	US

FILED Apr 17 1997 8:00am Secretary of State



т писция т на	ice of Business	Mailing /	Address	*********			F OURIN DONN'I FRANCES	116 (0410 1011 (04)
1412 GRACE PANAMA CIT		PANAMA	ACE AVE. CITY FL 32401-	2208				
US		US				3. Date Incorporated or Qualified 01/05/1995	3a. Date of L 04/29/18	
	Place of Business	2a. Mailir	rig Address		····	4. FEI Number		Applied For
1]		26				59-3287563		Not Applicable
Suite, Apt	t #, etc.	Suite 27	, Apt. #, etc.			5. Certificate of Status Desired		.75 Additional ee Required
	City & State		City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Ζιρ	Country	Zip		Cour	ntry	8. This corporation has liability for in		der s. 199.032,
<u></u>	[25]	29		30		1101100 01010100	Yes No	
	9. Name and Address of Curr	ent Registered	Agent		01 No	10. Name and Address of New Re	gistered Agent	**************************************
	Eorgakis, Paul				Name GE	ORGAKIS, PAUL		
	50 Harbour Blyd -			f	B2 Street Add	iress (P.O. Box Number is Not Acceptab	le)	
PA	NAMA OFFY BEACH FL 82407					44 COLLEGE BLVD,		
					83			
				-	84 City		P 85	Zip Code
					LYN	N HAVE'N poration submits this statement for the p tion's board of directors. I hereby accep	FL °	32444
IGNATURE 2.	Signar we fall an or primed removed registered a	agent and title if applic		TE: Registered	Agent signature requ	ired when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE ERS AND DIRE	CTORS IN 12
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The many centry treat is a mornished supplied with this iming does not quality in the example of the control of the composition 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 Block 12 or Block 13 or Block 14 or Block 15 chapter 607.

SIGNATURE