SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

**PROFIT** CORPORATION **ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # P95000011242 (1) INVESTMENT CAPITAL CONSULTANTS, INC.					
				} (85486) 118 (818 8111 8111 8111 8011 8011 8011	
Principal Place	of Business	Ma ling Address			
20050 US HWY 19 NORTH SUITE 301 CLEARWATER FL 34621		28050 US HWY 19 NORTH SUITE 301			
	, a 67921	CLEARWATER FL 34621		3. Date Incorporated or Qualified	3a. Date of Last Report
2. Principal Pla	ace of Business	2a. Mailing Address		<b>02/09/1995 4.</b> FEI Number	Applied For
21	· · · · · · · · · · · · · · · · · · ·	26 33 N. W	aukegan Rd	59-329 3814	Not Applicable
Suite, Apt #	t, etc	Suite, Apj. #, etc	· · · · · · · · · · · · · · · · · · ·	5. Certificate of Status Desired	\$8.75 Additional
City & State		27 20 City & State .			Fee Required
23		28 Lake Blu	ff , IL.	Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25	29 60044	Country 30 USA	8. This corporation has liability for in Florida Statutes	
	9. Name and Address of Curre			10. Name and Address of New Reg	
CT	CORPORATION SYSTEM		81 Name		
1200 S PINE ISLAND ROAD PLANTATION FL 33324			82 Street Addre	82 Street Address (P.O. Box Number is Not Acceptable)	
			83		
			84 City		FL 85 Zip Code
Onice or re-	othe provisions of Sections 607 050 gistered agent for both, in the State I familiar with, and accept the oblig	: oi merida, such chande was a:	illbobized by the cornorsho	oration submits this statement for the pur on a board of directors. I hereby accept t	<del></del>
SIGNATURE 2	lighature, type flor printed carrie of registered ag				
12.		ND DIRECTORS	Registered Agent's gnature require  13.	ADDITIONS/CHANGES TO OFFICE	DATE FRO AND DIRECTORS IN 12
TIFLE	D	DELETE	1.1.101.6	ABBITIONS, OF IANGED TO OF FIGE	Change Addition
NAME	FREEMAN, MICHAEL A	•	1.2 NAME		
STREET ADDRESS	28050 US HWY 19 NORTH S	SUITE 301	1.3 S/RELT ADDRESS		
CITY-ST-ZIP TITLE	CLEARWATER FL 34621	DELETE	1.4 CITY - ST - ZIP		
NAME		C DELETE	2.1 FITLE 2.2 NAME		Change Addition
STREET ADDRESS			2 3 STREET ADDRESS		
CITY-ST-ZIP			2 4 City - St - ZiP		
THILE		DELETE	3 v TifLE		Change Add tion
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
TITLE		DELETE	3.4 CITY-SI-ZIF		Change
NAME			4 1 TITLE 4 2 NAME		Change Addition :
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY - ST - 2IP		
TITLE		DELETE	5 1 TITLE		Change Addition
NAME			5 2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	5.4 CHY - ST - ZIP 6.1 TITLE		Change
NAME		bertit	6.2 NAME		Change Addition
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CrTY - ST - ZrP		
made unde	uy u lar u le i filipizmamori malicatezi oo	ithis annual report or supplement of the corporation or the recei	nished and does not qualifi ntal annual report is true ar over or trustee empowered	y for the exemption stated in Section 11 id accurate and that my signature shall to execute this report as required by Cr	ta a a stora a come la carta de carta de la carta de l

SIGNATURE: Michael M. Freeman Michael A. Freeman \$15/96 (847)