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

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT # 1. Corporation Name P95000016825 (8)

I.C. RION EXPRESS. INC.

## **FILED** Apr 22 1998 8:00am Secretary of State



Principal Plac	ce of Business	Mailing Add	Mailing Address					
	17TH STREET		4016 NORTH 17TH STREET					
ST. PETERSE	BURG FL 33714	ST. PETER	ST. PETERSBURG FL 33714			DO NOT WRITE IN THIS SPACE		
i						3. Date Incorporated or Qualified	IT THIS STACE	
						02/27/1995		
2. Principal P	Place of Business	2a, Mailing	Address			4. FEI Number	<del></del>	Applied For
21		<u></u> ⊢¬	26			59-3317333	<del>     </del>	Not Applicable
Suite, Apt. #, etc.		~~~~	Suite, Apt. #, etc.			29 20 17 20 2	¢0.75	Additional
22		h	27			5. Certificate of Status Desired		Required
City & State			City & State			6. Election Campaign Financing		<u></u>
23		28	28			Trust Fund Contribution		O May Be d to Fees
Zíp	<b>(p</b> Country		Zip Country			8. This corporation owes or has paid		
24	25	29	3	30		Personal Property Tax due June 3		Intangibie □ No
	9. Name and Address of Cur			-		10. Name and Address of New Reg		
CR	OWDER, WILLIAM C			81	Name			
2514 W. KENNEDY BLVD.				-			<del></del> _	
	MPA FL 33609		82 Street Ad		Street Add	dress (P.O. Box Number is Not Acceptable	e)	
'^	MI A I L 55508			83				
1								
				84	City		- 85 Zip	p Code
44 Pureuant	to the provisions of Sections 607 (	1502 and 607 1508	Elorido Statutos	the above	nomed ser	reporting automate this statement for the	FL 3 2	
office or r	registered agent, or both, in the St	ate of Florida Such	change was aut	thorized by	the corpora	poration submits this statement for the putition's board of directors. I hereby accept	rpose of changing the appointment a	its registered
agent. I a	m <b>tam</b> iliar with, and accept the ob	oligations of, Section	607.0505, Florid	da Statutes	i.	, in the second		ŭ
SIGNATURE	Planting to the second							
12.	Signature, typed or printed name of registered  OFFICERS	AND DIRECTORS	(NOTE: F	13.	nt signature roqu	ired when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE	250 11/10
TITLE	P	*** **	DELETE	1.1 TITLE		AUDITIONS/CHANGES TO OFFICE	Change	
NAME	RION, IVAN C.	_		1.2 NAME			□1 cutadige	Addition
STREET ADDRESS	4018 NORTH 17TH STREE	T		B .	*DD0100			
CITY-ST-ZIP	ST. PETERSBURG FL 3371			1.3 STREET		Do		
TITLE	GITTE TEMPORATE GOTT		DELETÉ	14 CITY-ST 2.1 TITLE	1 - ZIP		Change	Addition
NAME		_	7 00000				E. J Ollarige	L AMILION
STREET ADDRESS				2.2 NAME				
				2.3 STREET	·			
CITY+ST-ZIP TITLE		<u>-</u>	DELETE	2. 4 CITY - S	T-ZIP		FT 01	1 1222
ľ		L	_ DELETE	3.1 TITLE			☐ Change	☐ Addition
NAME CTOCCT LOCACOO				3.2 NAME				
STREET ADORESS				3.3 STREET		,		
CITY-ST-ZIP			DELETE	3.4. CITY-S	T-ZIP		<del></del>	
TITLE		L	DELETE	4.1 TITLE	Ì			☐ Addition
NAME				4. 2 NAME				
STREET ADDRESS				4.3 STREET	address			
CITY-ST-ZIP				4.4 CITY - ST	- 21P			
TITLE		L	T DEFELE	5.1 TITLE			Change	☐ Addition
NAME			,	5.2 NAME				į
STREET ADDRESS				5.3 STREET	ADDRESS			
CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·		5.4 CITY-ST	- ZIP			
TITLE			DELETE	6.1 TITLE			☐ Change	Addition
NAME				6.2 NAME				Ī
STREET ADDRESS				6.3 STREET /	ADDRESS			
CITY-ST-ZIP				64 CITY-ST	- ZIP			

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. U.11.9x SIR. FIG 50.7/