

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
 AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
 Aug 19 1997 8:00am
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000022428 (3)
 1. Corporation Name
ICON PAINTERS, INC.

Principal Place of Business 16416 SW 59TH AVE. ARCHER FL 32618 US	Mailing Address 16416 SW 59TH AVE. ARCHER FL 32618 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/20/1995		3a. Date of Last Report 05/01/1996	
21	Suite, Apt. #, etc.		26	4. FEI Number 59-3307199		Applied For Not Applicable	
22	City & State		27	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23	Zip		28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24	Country		29	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent
**HANDTE, JOHN
 16416 SW 59TH AVE.
 ARCHER FL 32618**

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

TITLE	DP	<input type="checkbox"/> DELETE
NAME	HANDTE, JOHN	
STREET ADDRESS	16416 SW 59TH AVE.	
CITY-ST-ZIP	ARCHER FL 32618	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	GARDNER, BARRY D	
STREET ADDRESS	319 ORANGEVIEW AVE.	
CITY-ST-ZIP	CLEARWATER FL 34615	
TITLE	T	<input type="checkbox"/> DELETE
NAME	ALLSUP, TONY	
STREET ADDRESS	319 ORANGEVIEW AVE.	
CITY-ST-ZIP	CLEARWATER FL 34615	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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14		
21		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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24		
31		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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41		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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51		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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61		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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14. I do 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 correct, that I am an officer or director of the corporation or the receiver or trustee empowered to file this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13, changed, or on an attachment with an address.

SIGNATURE *[Signature]* **JOHN C HANDTE** SECRETARY 9-12-97 913-420-1613

CR2E034 (4/97)