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 # P95000022919 (1)

FILED Mar 18 1998 8:00am Secretary of State

INTERN	IATIONAL COMPUTER TRA	ADING, INC.				II 11808 11808 1808 1808 1801 1801
Principal Place	e of Business	Mailing Address			(CDI; 301; 0 010; B; ; E0 0 10	FB 14819 41010 1070 11810 1181 1001
3613 DEL PRADO BLVD.				1		
CAPE CORAL FL 33904		3613 DEL PRADO BLVI CAPE CORAL EL 33904	CAPE CORAL FL 33904			
				DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualified	
				03/21/1995		
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		65-0579888	Not Applicable \$8.75 Additional	
22		27		5. Certificate of Status Desired	Fee Required	
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be	
23		28		Trust Fund Contribution		
Zip	Country			ry	8. This corporation owes or has paid the	e current year Intangible
24	25	29	30		Personal Property Tax due June 30.	☐ Yes ☐ No
9. Name and Address of Curren					10. Name and Address of New Registered Agent	
MANSSON, ANDERS			*	1 Name		
3613 DEL PRADO BLVD.			8	2 Street Add	ress (P.O. Box Number Is Not Acceptable)	
CAPE CORAL FL 33904			8	-		
			"	3		
}			8	4 City		FL 85 Zip Code
44 Pursuant	to the provisions of Sections 607.05	02 and 607 1508 Storida Stat	utoc the abo	vo pamed core		
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	Signature, typod or product name of requirered ag	cost and title if apple ablo (No	OTE: Registered A	gent signature requi	ired when reinstating)	A1E
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
TITLE	D	DELETE	1.1 TITLE			☐ Change ☐ Addition
NAME KARLSSON, CHRISTER			1.2 NAM	E		
STREET ADDRESS 3613 DEL PRADO BLVD.		1.3 STREET ADDRESS				
CITY-ST-ZIP	CAPE CORAL FL 33904		1.4 CITY - ST - ZIP			
TITLE	•		2.1 TITU			Change Addition
NAME	MANSSON, ANDERS		2.2 NAM	Ε		
STREET ADDRESS	3613 DEL PRADO BLVD		2 3 STRE	ET ADDRESS		
CITY-ST-ZIP CAPE CORAL FL		T AFIETE	2. 4 CiTY-ST-ZiP			Change Addition
TITLE			3.1 171.6			Change Addition
NAME CTOTES ADODESS			3,2 NAM			
STREET ADDRESS				ET ADORESS		
CITY-ST-ZIP			3.4. CITY 4.1 TITLE			Change Addition
NAME			4.1 () LC	1		
STREET ADDRESS				ET AODRESS		
CITY-\$1-ZIP			4.4 CITY	1		
TITLE	· · · · · · · · · · · · · · · · · · ·		5.1 TITLE		-11-44-5	☐ Change ☐ Addition
NAME			5.2 NAM	:		
STREET ADDRESS				E1 ADDRESS		
CITY-ST-ZIP			54 CITY	4		
TITLE			6.1 TITLE			☐ Change ☐ Addition
NAME			6.2 NAM			
STREET ADDRESS			6.3 STRE	et address		
CITY-ST-ZIP			6.4 CITY			
14. I hereby c	ertify that the information supplied v	with this filling does not qualify	for the exem	ption stated in	Section 119.07(3)(i), Florida Statutes. I furth	er certify that the information

14. I hereby certify that the information supplied with this filling 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 applicmental annual report is upplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver or directors. It is true and accurate this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changing, or on an attaching with an address.

SIGNATURE

3/7/98 941-549-7400