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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DE PARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # P95000052746 (1)

I.C. TECHNOLOGY OF SOUTH FLORIDA, INC. Principal Place of Business Mailing Address 6788 NW 17 AVE 6788 NW 17 AVE FORT LAUDERDALE FL 33309 FORT LAUDERDALE FL 33309 3. Date Incorporated or Qualified 07/10/1995 3a. Date of Last Benort 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0600616 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be \Box 23 28 Trust Fund Contribution Added to Fees Zφ 8. This corporation has liability for intangible tax under s. 199.032, 24 Florida Statutes Yes No

10. Name and Address of New Registered Agent 25 29 30 9. Name and Address of Current Registered Agent 81 GREEN, MITCHELL F 82 Street Address (P.O. Box Number is Not Acceptable) 4000 HOLLYWOOD BLVD SUITE 485 S HOLLYWOOD FL 33021 83 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 ()A't Signature, typisc or printe i name of regiments agent and twelf about any (ND'F Registered Agent signature in pro-CR2E034 (12/95) OFFICERS AND DIRECTORS 12 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TIFLE STUTIBLE Addition GREEN. MITCHELL F NAME 1.2 NAME 4000 HOLLYWOOD BLVD SUITE 485 S STREET ADDRESS 1.3 STREET ADORESS. HOLLYWOOD FL 33021 CITY-ST-ZIP 14 CITY - ST - ZIP TITLE (DELETE 2 1 TULE Change 🔂 Addition D NAME 2.2 NAME WEAVER, MARIANNE STREET ADDRESS 2.3 STREET ADDRESS 30 N. COMPASS DR. C(IY-SI-Z(P 2.4 CITY - ST - ZIP FT. LAUDERDALE, FL TITLE DELFTE Addition 3 1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - ZIP 3.4 CHTY - ST - ZIP TITLE DELETE 4 1 TIFLE Change Addition NAME 4.2 NAME STHEET ADDRESS 4.3 STREET ADDRESS CITY-SI-ZIP 4.4 CITY ST-ZIP 1:TLE DELETE 5 I TILLE Change NAME 300001800273 5.2 NAME -04/29/96--01136--048 STREET ADDRESS 5.3 STREET ADDRESS ***200.00 CITY - ST - ZIF 5.4 City - St - ZiP TITLE DELETE 6 1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS City - St - 7iF 6.4 CITY - ST - ZIP

14. Ido hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. Norther 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 13 if changed, or on an attachment with an address.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

48/96

154-979-5696 Bajtrie Phode #