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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000072957

ICT PROPERTY MANAGEMENT, INC.

	·	 _				, 18 18 B B B	ioi d iirii faat (88)
Principal Place of Business Mailing Address					,		
1111 KANE CONCOURSE 1111 KANE CONCOURSE					j		
502 CONCOURSE PLAZA 502 CONCOURSE PLAZA					DO NOT WRITE IN THIS SPACE		
BAY HARBOR ISLAND. MIAMI FL 33154 BAY HARBOR ISLAND. MIAM			VII FL 331	54	DO NOT WRITE IN THIS SPACE		
	ŀ				3. Date Incorporated or Qualifed 09/19/1995		
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	F	Applied For
21	4	26			65-0613752	١	lot Applicable
Suite, Apt.	#. etc.	Suite, Apt. #, etc.				\$8.75	Additional
22		27			5. Certifcate of Status Desired	Fee F	Required
City & State	e	City & State	-	***************************************	6. Election Campaign Financing	\$5.00	May Be
23	• ;	28			Trust Fund Contribution		to Fees
Zíp				try	8. This corporation owes the current year Intangible		
—	. [25] 29 3			•	Personal Property Tax.		
24	9. Name and Address of Cur		1	 _	10. Name and Address of New Registered A	gent	
	V. Hallis and Address Of Cur	terre treditoroles reflects	 ;	B1 Name			
WIF:	SCHOLEK, MARTIN						
1111 KANE CONCOURSE				Street Addr	ress (P.O. Box Number is Not Acceptable)		}
502 CONCOURSE PLAZA				83			
		22154	['	33			1
DAT	HARBOR ISLAND, MIAMI FL	33134	l,	84 City		85 Zip	Code
				 			
11. Pursuani	the provisions of Sections 607.0	0502 and 607.1508, Florida Statute	s, the ab	ove-named corp	poration submits this statement for the purpose of ch	nanging i	ts registered
office or n	egothered agent, or both, in the Sta	ate of Florida. Such change was au ligations of Section 607 0505. Flori	<i>thonzeα</i> da Statul	by the corporation	on's board of directors. I hereby accept the appoint	mem as	registered
	III land with, and accept the ob	- worescholum	40 01212		1/4/99		ļ
SIGNATURE	Signature, typed of protect name of registered	agent and title if appticable. (NOTE: 1	Registered A	gent signature require			
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND	DIRECT	ORS IN 12
TITLE	P	☐ DELETE	1.1 TITL	E		Change	e ☐ Addition
NAME	WIESCHOLEK, MARTIN		1.2 NAA	4E			
				EET ADDRESS			
DAY MACDOD ICLAND ANALEST COASA							:
CITY-ST-ZIP	DAT HANDUN ISLAND, MIA	MI FL 33134 ☐ DELETE		Y-ST-ZIP		Change	e Addition
TITLE !		C) DETELE	2.1 TITL			cg.	
NAME	1		2.2 NAM	Œ			
STREET ADDRESS		الحارب والمايوة للما وتسمي	2.3 STF	REET ADDRESS	ويولين والأراب المساوية المساوية	-	
CITY-ST-ZIP			2.4 CIT	Y-ST-ZIP			
TITLE		☐ DELETE	3.1 TITE	E Ì		Change	e Addition
NAME	;		3.2 NAM	AE			
STREET ADDRESS	ł		3.3 STF	REET ADDRESS			
CITY-ST-ZIP				Y-ST-ZIP			
TITLE		☐ DELETE	4,1 TITL			Change	e Addition
		_	4. 2 NA				
NAME				REFT ADDRESS			
STREET ADDRESS	•						
CITY-ST-ZIP			_	Y-ST-ZIP		Chang	e Addition
TITLE	` '	☐ DELETÉ	5.1 TITL	·		∟ chang	
NAME	1		5.2 NAJ				
STREET ADDRESS	r .		5.3 STF	REET ADDRESS			
CITY OF 21D			5.4 CIT	Y-ST-ZIP			

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

□ DELETE

SIGNATURE:

TITLE

NAME

STREET ADDRESS

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 comboation 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, with all other like empowered. 305 - 867-7676

FILED Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90321 027 ***150.00

Change

Addition