


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

FILED
Mar 28 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P95000083490 (9) 1. Corporation Name ICCL, INC.			
Principal Place of Business 6300 N. WICKHAM RD., #130 MELBOURNE FL 32940		Mailing Address 6300 N. WICKHAM RD., #130 MELBOURNE FL 32940-2029	



2. Principal Place of Business 700 Atlantis Rd. Suite, Apt. #, etc. Suite 102 City & State Melbourne, FL Zip 32904		2a. Mailing Address P. O. Box 411030 Suite, Apt. #, etc. City & State Melbourne, FL Zip 32941-1030		3. Date Incorporated or Qualified 10/27/1995		3a. Date of Last Report 08/19/1996	
25. Country USA		29. Country USA		4. FEI Number APPLIED FOR 59-3346509		Applied For <input type="checkbox"/> Not Applicable	
23. City & State Melbourne, FL		27. City & State Melbourne, FL		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
24. Zip 32904		28. City & State Melbourne, FL		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
25. Country USA		30. Country USA		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent FORESTA, JOSEPH P 6300 N. WICKHAM RD., #130 MELBOURNE FL 32940				10. Name and Address of New Registered Agent 81 Name Foresta, Joseph P 82 Street Address (P.O. Box Number is Not Acceptable) 5115 Lake Washington Rd. 83 84 City Melbourne				85 Zip Code FL 32935	
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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 D <input type="checkbox"/> DELETE NAME FORESTA, JOSEPH P STREET ADDRESS 6300 N. WICKHAM RD., #130 CITY-ST-ZIP MELBOURNE FL 32940				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME Foresta, Joseph P 1.3 STREET ADDRESS 5115 Lake Washington Rd. 1.4 CITY-ST-ZIP Melbourne, FL 32935 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2.1 TITLE Vice President 2.2 NAME Pfeiffer, Gary 2.3 STREET ADDRESS 13514 Galena Place 2.4 CITY-ST-ZIP Tampa, FL 33626 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3.1 TITLE Secretary/Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3.2 NAME Alvarez, Raquel A 3.3 STREET ADDRESS 2007 Blue Heron Dr. 3.4 CITY-ST-ZIP Melbourne, FL 32940 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP			
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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 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.

SIGNATURE: Joseph P. Foresta 3/20/97 (407) 728-9811
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)