

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

FILED  
Apr 13, 1999 8:00 am  
Secretary of State

04-13-1999 90087 046 \*\*\*150.00

DOCUMENT # P95000083490

1. Corporation Name  
ICCL, INC.

Principal Place of Business  
7610 EMERALD DR  
SUITE 102  
WEST MELBOURNE FL 32904  
US

Mailing Address  
P.O BOX 411030  
MELBOURNE FL 32941-1030  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
10/27/1995

4. FEI Number  
59-3346509

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

9. Name and Address of Current Registered Agent

FORESTA, JOSEPH P  
5115 LAKE WASHINGTON RD  
MELBOURNE FL 32935

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE  
NAME FORESTA, JOSEPH P  
STREET ADDRESS 5115 LAKE WASHINGTON RD  
CITY-ST-ZIP MELBOURNE FL

TITLE VP ☐ DELETE  
NAME PFEIFFER, RUTH VILMA  
STREET ADDRESS 13514 GALENA PLACE  
CITY-ST-ZIP TAMPA FL 33626

TITLE ST ☐ DELETE  
NAME ALVAREZ, RAQUEL A  
STREET ADDRESS 2007 BLUE HERON DR  
CITY-ST-ZIP MELBOURNE FL

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P ☒ Change ☐ Addition  
1.2 NAME Raquel A. Alvarez  
1.3 STREET ADDRESS 2007 Blue Heron Dr.  
1.4 CITY-ST-ZIP Viera, FL 32940

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE VP ☒ Change ☐ Addition  
3.2 NAME Joseph P. Foresta  
3.3 STREET ADDRESS 5115 Lake Washington Rd.  
3.4 CITY-ST-ZIP Melbourne, FL 32934

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 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 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, with all other like empowered.

SIGNATURE: *Raquel A. Alvarez* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/99

Date

(407) 725-1155

Daytime Phone #

CR2E034 (11/98)

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