

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

**FILED**

**Feb 12 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 # P95000085780 (1)**

1. Corporation Name  
**I.C.D.C., INC.**



Principal Place of Business  
**3132 N PINE ISLAND ROAD  
SUNRISE FL 33351**

Mailing Address  
**3132 N PINE ISLAND ROAD  
SUNRISE FL 33351-7333**

3. Date Incorporated or Qualified **11/08/1995** 3a. Date of Last Report **05/01/1996**

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

4. FEI Number **65-0628325** Applied For Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

**ROSENBERG, ARTHUR R  
3132 N PINE ISLAND ROAD  
SUNRISE FL 33351**

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           | <b>PD</b>                      | <input type="checkbox"/> DELETE |
| NAME            | <b>MILSHEIN, TZVI</b>          |                                 |
| STREET ADDRESS  | <b>3132 N PINE ISLAND ROAD</b> |                                 |
| CITY - ST - ZIP | <b>SUNRISE FL 33351</b>        |                                 |
| TITLE           | <b>VD</b>                      | <input type="checkbox"/> DELETE |
| NAME            | <b>MILSHEIN, TEVI</b>          |                                 |
| STREET ADDRESS  | <b>3132 N PINE ISLAND RD</b>   |                                 |
| CITY - ST - ZIP | <b>SUNRISE FL</b>              |                                 |
| TITLE           | <b>TS</b>                      | <input type="checkbox"/> DELETE |
| NAME            | <b>MILSHEIN, TEVI</b>          |                                 |
| STREET ADDRESS  | <b>3132 N PINE ISLAND RD</b>   |                                 |
| CITY - ST - ZIP | <b>SUNRISE FL</b>              |                                 |
| TITLE           |                                | <input type="checkbox"/> DELETE |
| NAME            |                                |                                 |
| STREET ADDRESS  |                                |                                 |
| CITY - ST - ZIP |                                |                                 |
| TITLE           |                                | <input type="checkbox"/> DELETE |
| NAME            |                                |                                 |
| STREET ADDRESS  |                                |                                 |
| CITY - ST - ZIP |                                |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                     |   |
|---------------------|---|
| 1.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME            |   |
| 1.3 STREET ADDRESS  |   |
| 1.4 CITY - ST - ZIP |   |
| 2.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME            |   |
| 2.3 STREET ADDRESS  |   |
| 2.4 CITY - ST - ZIP |   |
| 3.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME            |   |
| 3.3 STREET ADDRESS  |   |
| 3.4 CITY - ST - ZIP |   |
| 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 |   |

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:**

*[Handwritten Signature]*

**2/5/97**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)