

03180224



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

9100

99 MAR 26 PM 1:53

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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country
25		30	

3. Date Incorporated or Qualified
11/08/1995

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

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

9. Name and Address of Current Registered Agent

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

81	Name	MAX M. HAGEN		
82	Street Address (P.O. Box Number is Not Acceptable)	3990 SHERIDAN ST. SUITE 104		
83		HOLLYWOOD, FL. 33021		
84	City	HOLLYWOOD	FL	85 Zip Code 33022

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 reinstalling)

3/25/99
DATE

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

13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	P.D.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	POLANI HAIM	
1.3 STREET ADDRESS	3132 N. PINE ISLAND RD	
1.4 CITY-ST-ZIP	SUNRISE FL. 33351	
2.1 TITLE	V.D.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	POLANI HAIM	
2.3 STREET ADDRESS	3132 N. PINE ISLAND RD	
2.4 CITY-ST-ZIP	SUNRISE FL. 33351	
3.1 TITLE	TS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	POLANI HAIM	
3.3 STREET ADDRESS	3132 N. PINE ISLAND RD.	
3.4 CITY-ST-ZIP	SUNRISE FL. 33351	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	400002831254--0	
4.3 STREET ADDRESS	-04/06/99--01095--001	
4.4 CITY-ST-ZIP	***150.00 ***150.00	
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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(g), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MAR. 25. 99 954-474-2417

On the

Abstract

CR2E034 (11/98)