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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P96000014694 (9)

INTERNATIONAL CONSULTANTS OF AMERICA, INC.

FILED
Apr 17 1998 8:00am
Secretary of State

2/2/98

*165 MEADOWLARK DRIVE BOYAL PALM BEACH FL 33411		105 MEADOWLARK DRIVE ROYAL PALM BEACH FL 32411		Ì	
1001-00-00	TOURIST TE SUNT	THE TALM DEPOSIT -	1979 I I	DO NOT WRITE IN THIS	SPACE
				3. Date Incorporated or Qualified 02/16/1996	
2. Principal P	lace of Business	2a. Mailing Address		4, FEI Number	Applied For
21 <i>933</i> 3	2 Syn Court	26 9332 SUN	Court	65-0650569	Not Applicable
Suite, Apt.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
27				a. Continuate of chains bearing	Fee Required
City & State		1	6. Election Campaign Financing	\$5.00 May Be	
23 LAKE RACK, Fl 28 LAKE PAI		28 LALE VAIK	Country	Trust Fund Contribution	Added to Fees
24 33 40	- 1 1 ·	33403 3	This corporation owes or has paid the cu Personal Property Tax due June 30.	irrent year Intangible Yes No	
24 33 403 25 M/m Beach 29 3 3 403 30 Malm Beach Personal Property Tax due June 30. Yes No					
KIPER, ANNAMARIE E					
105 MEADOWLARK DRIVE				33 Son LAWrence JA	SPON
ROYAL PALM BEACH FL 33411				Address (P.O. Box Number is Not Acceptable)	•
B3 / CO / (/					
			LA	Re VAIK, FI	
	•		84 City		85 Zip Code 3
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 Seaton 607.0505, Florida Statutes.					
SIGNATURE Janes 3/3/198					
Signature, typed or product name of trejectered and glassification of a policiable (NOTE Registered Agoril Signature, polycind when policialing) DATE					
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AN	
TITLE	D	DELETE	1.17171.	DIRECTOR	Change Addition
NAME	KIPER, ANNAMARIE E		1.2-NAME	LAWRONCE E. JIMS PON 9332 SUN COURT	
STREET ADDRESS	103 MEADOWLARK DRIVE ROYAL PALM BEACH FL 3341	1	1.3 STREET ADDRESS	LAKE PARK, FL 33403	•
CITY-ST-ZIP TITLE	NOTAL FALM DENOTIFE 3341	DELETE	1.4 CITY-ST-ZIP \ 2.1 TITLE	LAKE WAKK) PC 33403	Change Addition
NAME		Land Occur	2.2 NAME	}	
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-SI-ZIP			2.4 CITY - ST - ZIP	•	
TITLE		DELETE	31 TITLE		Change Addition
NAME			3 2 NAME		1
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-\$T-ZIP			3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS	†	
CITY-ST-ZIP	- -		4.4 CITY - ST - ZIP		
TITLE		L DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	5.4 CiTY-ST-ZIP		Chross T 4450-
TITLE		☐ DEL e te	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS	1	
14. I hereby o	ertify that the information supplied wat	h this filing does not qualify for	6.4 CITY - ST - ZIP the exemption state	ed in Section 119 07(3)(i) Florida Statutos I further o	ertify that the information
14. Thereby certify that the information supplied with this filling 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 office or different					
officer or director of the corporation of 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					