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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

FILED May 11 1998 8:00am Secretary of State

	ICORP ENTERPRISES, IN)C.	၁)			
Principal Place of Business Mailing Address						160 (11 <u>0) 16110 18111 18610 26</u> 11 1881
	ERRY PARK DR	9	13013 MULBERRY PARK DR			
221	INNI FANN UN	221				
ORLANDO FL 32821-411		ORLANDO FL 32821-411		DO NOT WRITE IN THIS SPACE		
US		US		3. Date Incorporated or Qualified		
					05/01/1996	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For	
21		26		59-3389538	Not Applicable	
Sulte, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional	
22		27				Fee Required
City & State	•	City & State		6. Election Campaign Financing	\$5.00 May Be	
23		28]	- 1 5	<u> </u>	Trust Fund Contribution	
Zip	Country	Zip	<u> </u>	untry	8. This corporation owes or has paid th	
24	25 9. Name and Address of Curr	ent Begistered Agent	30	<u>T </u>	Personal Property Tax due June 30. 10. Name and Address of New Registe	les No
		ent negistered Agent		81 Name	10, Maine and Address of New Registe	лер Адепт
	IRRAY, DEAN D W			Nume		
	D13 MULBERRY PARK DR			82 Street Add	dress (P.O. Box Number is Not Acceptable)	
22				83		
UF	LANDO FL 32821-6411			"		
				84 City		85 Zip Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the				<u> </u>		FL 65 Zip Code
OTTICE OF FE	e gistered agent, or both, in the Sta	ile of Horida. Such change y	was authorize	id by the corpora	ation's board of directors. I hereby accept the	appointment as registered
agent. I ar	m familiar with, and accept the ob-	igations of, Section 607.050	5, Florida Sta	tutes.		
SIGNATURE .	Signature, typed or printed name of registered i	nide vigge being board box	(NOLL Registers	nd Angel signed be	uited when reinstating) DA	ATE.
12.		ND DIRECTORS	13.	a rigori signato e req	ADDITIONS/CHANGES TO OFFICERS	
TITLE	P	DELETE	1.1 7	ITLE		Change Addition
NAME	MURRAY, DEAN		1.2 N	AME		- •
STREET ADDRESS 13013 MULBERRY PARK DR APT 221			1.3 S	TREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		1.4 C	ITY-ST-ZIP		
TITLE	DELETE 2:		2.1 T	ITLE		Change Addition
NAME	· 2:		2.2 N	AME		
STREET ADDRESS			2.3 S	TREET ADDRESS		
CITY-ST-ZIP			2 4 0	CHTY-ST-ZiP		
TITLE	DELETE		317	ITLE		Change Addition
NAME	 		32 N	AME		
STREET ADDRESS			3 3 S	TREET ADDRESS		
CITY-ST-ZIP			34.0	CITY-ST-ZIP		
TITLE	☐ DELETE 4.1		4.1 70	ITLE		☐ Change ☐ Addition
NAME	4		4. 2 N	IAME		
STREET ADDRESS			4.3 5	TREET ADDRESS		
CITY-ST-ZIP				ity - St - ZiP		
TITLE	and the second s	☐ DELETE	5.1 T	TLE		Change Addition
NAME			5.2 N	AME		
STREET ADDRESS			5.3 S	TREET ADDRESS		
CITY-ST-ZIP				ITY - ST - ZIP		
TITLE			6.1 11	1LE		Change Addition
NAME ,			6.2 N	AME		
STREET ADDRESS			6.3 S	TREET ADDRESS		
CITY-ST-ZIP		4	6.4 C	ITY-ST-ZIP		
14. I hereby co	ertify that the information supplied	with this filing does not qual	lify for the exe	emption stated in	n Section 119.07(3)(i), Florida Statutes, I furthe	er certify that the information

id accurate and that my signature shall have the same legal effect as if made under oath; that I am an ed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in