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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

FILED

Mar 13 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name P96000043841 (1)

ICONCO, INC.

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Principal Plac	e of Business		Mailing Address						n immerame ern sären mess böter mazer m	,,,, 68,11, 910	16 (110) (8(1) 8	1881 81 841	
303 DERBY AVE 303 DERBY AVE													
OAKLAND CA	94801	OAKLA	OAKLAND CA 94801				Ì	DO NOT WRITE IN THIS SPACE					
								-	3	Date Incorporated or Qualified	L IIV 11110	OF ACE	
									٥.	05/16/1996			
2, Principal P	lace of Busin	ess	2a. Mailing Address						4.	FEI Number			Applied For
21			26				ŀ		94-2700042		++	Vot Applicable	
Suite, Apt.	#, etc.		Suite, Apt. #, etc.								\$8.75	Additional	
22	_		27			'	D.	Certificate of Status Desired	<u></u>	Fee F	Required		
City & Stat	θ		City & State					6.	Election Campaign Financing		\$5.0	May Be	
23			28					Trust Fund Contribution		Addec	to Fees		
Zip	<u> </u>		Zip		——	Country			-	This corporation owes or has p			
24	25 9. Name and Address of Curr		29		30	30				Personal Property Tax due June Name and Address of New Re			∐ No
			ent Registered	Agent		81	Name	!	IU.	Name and Address of New A	gistereu	Agent	
		TON SYSTEM				"	TVALITY						
	00 S. PINE I					62	Street	Address	ess (P.O. Box Number is Not Acceptable)				
PU	antation f	L 33324				83							
						84	City			, 10/10/	FL	85 Zip	Code
11 Pursuant	to the provision	ons of Sections 607 09	02 and 607 15	OB Florida Statu	tes the a	bove	-named	corporat	ition	submits this statement for the			its registered
office or r	registered age	ont, or both, in the Sta	te of Florida. Su	ich change was	authorize	ed by	the corp	oration's	's bo	oard of directors. I hereby acce	pt the app	ointment a	s registered
·	ım ta mıllar wil	h, and accept the obli	gations of, Sec	11011 6U7.U5U5, F	iorida Sta	liules	5.						
SIGNATURE	Signature typed o	or printed name of registered a	gent and fille if apple	able (NO	TE Registere	ed Age	ent signature	required wh	vhen r	reinstating)	DATE		
12.			ND DIRECTOR		13.				Α	DDITIONS/CHANGES TO OFFI	CERS ANI	DIRECTO	RS IN 12
TATLE	P			DELETE	1.1 T	ITLE						Change	Addition
NAME				1.2			1.2 NAME						
STREET ADDRESS	303 DER	By ave			1.3 5	TREET	ADDRESS						
CITY-ST-ZIP	OAKLAN	D CA 94601			1.4 0	HTY-S	T-ZIP						
TITLE	V			☐ DELETE	2.1 T	ITLE						☐ Change	Addition
NAME	GUSMAN	•			2.2 h	IAME							
STREET ADDRESS	303 DER	-			2.3 5	TREET	ADDRESS						
CITY - ST - ZIP	1	D CA 94601			2.4	CHTY-S	ST-ŻIP						_
TITLE	ST			☐ DELETE	3.1 T	ITLE						☐ Change	Addition
NAME		CHARLENE A			3.2 N	3MA							
STREET ADDRESS	303 DER				3.3 S	TREET	ADDRESS						
CITY - ST - ZIP	DAKLAN	D CA 94601				CITY-S	ST-ZIP						"The answer
TITLE				DELETE	4.1 T							☐ Change	Addition
NAME						NAME							
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TITLE				☐ VELETE	6.1 T							change	Audition
NAME					6.2 N								
STREET ADDRESS					8.3 S	TREET	ADDRESS						

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 his 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.