FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

PROFIT CORPORATION ANNUAL REPORT 1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000048091 (8)

1. Corporation Name

ICON ARTWORKS, INC.

Principal Place of Business	Mailing Address
5720 CRENSHAW SUITE J TAMPA FL 33634	5720 CRENSHAW SUITE J TAMPA FL 33634-3005

3. Date Incorporated or Qualified 05/31/1996 | **3a.** Date of Last Report

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

4. FEI Number 59-3381380 — 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

JONES, MARSHALL G
5910 BENJAMIN CENTER DR.
SUITE 110
TAMPA FL 33634

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 _Michael News_   5-1-97

Signature, typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME JONES, MARSHALL G	1.2 NAME	
STREET ADDRESS 5910 BENJAMIN CENTER DR., #110	1.3 STREET ADDRESS	
CITY-ST-ZIP TAMPA FL 33634	1.4 CITY-ST-ZIP	
TITLE ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	2.2 NAME	
STREET ADDRESS	2.3 STREET ADDRESS	
CITY-ST-ZIP	2.4 CITY-ST-ZIP	
TITLE ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	3.2 NAME	
STREET ADDRESS	3.3 STREET ADDRESS	
CITY-ST-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 ☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	5.2 NAME	
STREET ADDRESS	5.3 STREET ADDRESS	
CITY-ST-ZIP	5.4 CITY-ST-ZIP	
TITLE ☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	6.2 NAME	
STREET ADDRESS	6.3 STREET ADDRESS	
CITY-ST-ZIP	6.4 CITY-ST-ZIP	

CR2E034 (9/96)

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.

Michael Martin   (813) 243-1123