FILED
May 05 1998 8:00am
Secretary of State

FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

PROFIT CORPORATION ANNUAL REPORT

1998 ~~1997~~

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

DOCUMENT # P96000060521 (7)

1. Corporation Name
INTERNATIONAL CAPITAL CONSULTANTS, INC.

[redacted]

Principal Place of Business	Mailing Address
~~4241 NORTHLAKE BLVD~~	~~4241 NORTHLAKE BLVD~~
~~PALM BEACH GARDENS FL 33410~~	~~PALM BEACH GARDENS FL 33410-0235~~

2. Principal Place of Business	2a. Mailing Address
21 4400 10th AVE N	26 4400 10TH AVE N
Suite, Apt. #, etc. 22 SUITE 4	Suite, Apt. #, etc. 27 SUITE 4
City & State 23 LAKE WORTH FL	City & State 28 LAKE WORTH FL
Zip 24 33462	Country 25 US
Zip 29 33462	Country 30 US

3. Date Incorporated or Qualified: 07/15/1996
3a. Date of Last Report: 05/01/1997
4. FEI Number: 650690241 (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
~~GLENN, RICHARD~~
~~828 N OLIVE AVE~~
~~WEST PALM BEACH FL 33401~~

10. Name and Address of New Registered Agent
81 Name: JACK D JONES
82 Street Address (P.O. Box Number is Not Acceptable): 4400 10TH AVENUE N
83: SUITE 4
84 City: LAKE WORTH FL 85 Zip Code: 33462

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: Jack D Jones 4/29/98
Signature, type or print name of registered agent, and title if applicable — (NOTE: Registered Agent Signature required when reinstated) — DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☒ DELETE	11 TITLE	DP	☒ Change ☐ Addition
NAME	~~GLENN, RICHARD~~		12 NAME	JACK D JONES	
STREET ADDRESS	~~828 OLIVE AVE~~		13 STREET ADDRESS	4400 10TH AVENUE N, SUITE 4	
CITY-ST-ZIP	~~WEST PALM BEACH FL 33401~~		14 CITY-ST-ZIP	LAKE WORTH, FL 33462	
TITLE		☐ DELETE	21 TITLE		☐ Change ☐ Addition
NAME			22 NAME		
STREET ADDRESS			23 STREET ADDRESS		
CITY-ST-ZIP			24 CITY-ST-ZIP		
TITLE		☐ DELETE	31 TITLE		☐ Change ☐ Addition
NAME			32 NAME		
STREET ADDRESS			33 STREET ADDRESS		
CITY-ST-ZIP			34 CITY-ST-ZIP		
TITLE		☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME			42 NAME		
STREET ADDRESS			43 STREET ADDRESS		
CITY-ST-ZIP			44 CITY-ST-ZIP		
TITLE		☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

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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.

SIGNATURE: ~~Richard Glenn~~ ~~4/24/97~~ ~~561-659-4003~~
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Daytime Phone #

Jack D Jones PRES 4/29/98 (561) 968-7660