## 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 # P9700004836 (7)

ICON GENERAL, INC.

## FILED Jun 23 1998 8:00am Secretary of State

NOON !	GENERAL	, 1140,						
Principal Plac	ce of Busines	s	Mailing	Address				
1	15TH STREET		s	11982 S.W. 15TH STREET				
	PINES FL 330			PEMBROKE PINES FL 33025				
			1 =10,51					DO NOT WRITE IN THIS SPACE
								3. Date Incorporated or Qualified
ŀ								01/16/1997
2. Principal F	Place of Busin	iess	2a. Maile	2a. Mailing Address				4. FEI Number Applied For
21			26	26				65-0723673 Not Applicable
Suite, Apt	#, etc		Suite	Suite, Apt. #, etc.				SQ 75 Additional
22	*		[27]	[27]				5. Certificate of Status Desired Fee Required
City & Stat	te		City	City & State				Election Campaign Financing \$5.00 May Be
23			28	···	,			Trust Fund Contribution Added to Fees
Zip	•	Country	Zip		Cour	atry		8. This corporation owes or has paid the current year Intangible
24		25	29		30			Personal Property Tax due June 30.  Yes No
			Current Registered	Agent		r		10. Name and Address of New Registered Agent
	aker, reid					81	Name	
3990 <b>S</b> HERIDAN STREET						62	Street Add	dress (P.O. Box Number is Not Acceptable)
	JITE 104			İ				,
но	DLLYWOOD	FL 33021			[+	83		
					1	84	City	<b>■■ 85</b> Zip Code
						•	Ony	FL   S   Zip Code
<ol> <li>Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-no office or registered agent, or both, in the State of Florida, Such change was authorized by the</li> </ol>							-named cor	rporation submits this statement for the purpose of changing its registered
office of registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.								
SIGNATURE								
	Signature, typed		etest agent and 10e dupple		Hogistered	Agen	d signature requ	uired when reinstating) DATE
12.		OFFICE	S AND DIRLCTORS		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	I ADENI		DELETE	1.1 TITL	LE		Change Addition
NAME	RUIZ, R		<del></del>		1.2 NAN	ME		
STREET ADDRESS		S.W. 15TH STRE			1.3 STR	EET A	ADDRESS	i
CITY-ST-ZIP		OKE PINES FL	53025		14 CITY	Y-51	- ZIP	
TITLE	VO	205		DELETE	21 1116	.F		☐ Change ☐ Addition ☐
NAME	RUIZ, JO		مياستي		22 NAN	ΜE		
STREET ADDRESS		W. 15TH STRE			2.3 STR	EET A	ADDRESS	
CITY-ST-ZIP	1	OKE PINES FL	3025	P**	2. 4 CIT		I - ZIP	
TITLE	STD DINZ C	*1 IV		DELFTE	3.1 TITL			☐ Change ☐ Addition
NAME	RUIZ, FI		CT	3.2 N				
STREET ADDRESS		W. 15TH STRE	_			EET A	ADDRESS	
CITY-ST-ZIP	PEMBH	OKE PINES FL	13023		3.4 CI)		I - ZIP	
TITLE				☐ DELETE	4.1 1111		ĺ	☐ Change ☐ Addition
NAME					4. 2 NAI		-	
STREET ADDRESS					4.3 STH	FET A	ODRESS	
CITY-ST-ZIP					4.4 CITY		- ZIP	
TITLE				DELETE 5.1 TI				Change Addition
NAME					52 NAM			
STREET ADDRESS					5.3 STRI	EET A	address	
CITY-ST-ZIP					5.4 CITY		· ZIP	
TITLE				DELETE	6.1 TITL			Change Addition
NAME					6.2 NAV	ΛE		species yal
STREET ADDRESS					6.3 STR	EET A	DORESS	-06/25/5361025027 <b>/ 29</b>
CITY-ST-ZIP					6.4 CITY	/- ST-	- ZIP	***150, (3)

14. Thereby 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 of suppliemental 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 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 of an attachment with an address.

CICNATURE.

4/2/198

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