

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

FILED
May 13 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000026651 (4)
 1. Corporation Name
INTERNATIONAL CONTACTS GROUP, INC.



Principal Place of Business 3700 DERBY DRIVE #1003 PALM HARBOR FL 34684	Mailing Address 3700 DERBY DRIVE #1003 PALM HARBOR FL 34684
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 30 LAKE CT. Suite, Apt. #, etc. 22		2a. Mailing Address 26 30 LAKE CT. Suite, Apt. #, etc. 27		3. Date Incorporated or Qualified 03/19/1997	
23. City & State 23 OLDSMAR, FL Zip Country 24 34677 25 PineHAs		28. City & State 28 OLDSMAR, FL Zip Country 29 34677 30 PineHAs		4. FEI Number 59-3457408 Applied For <input type="checkbox"/> Not Applicable	
9. Name and Address of Current Registered Agent PINKE, KEITH 3700 DERBY DRIVE #1003 PALM HARBOR FL 34684		10. Name and Address of New Registered Agent 81 Name KEITH PINKE 82 Street Address (P.O. Box Number is Not Acceptable) 30 LAKE CT. 83 84 City OLDSMAR FL 85 Zip Code 34677			

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: *Keith Pinke* DATE: **4/29/98**

12. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	P, C KEITH PINKE
1.3 STREET ADDRESS	30 LAKE CT.
1.4 CITY-ST-ZIP	OLDSMAR, FL 34677

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or as an attachment with an address.

SIGNATURE: *Keith Pinke* **KEITH PINKE** DATE: **4/29/98** ID: **012-458-2407**

CR2E034 (10/97)