CR2E034.(11/98)

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000091918 1. Corporation Name

ICCE MAILLED DEAL ESTATE INC

Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90119 043 ***150.00

Principal Place of Business	Mailing Address		_		
6856 CAROLINE STREET #107 6856 CAROLINE STRI MILTON FL 32570 MILTON FL 32570			- -	- DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualifed 10/21/1997	
2. Principal Place of Business	2a. Mailing Address	2 A		4. FEI Number Applied For	
21 2936 FOX POIL TO	2. 26 2936 FOXT	ملا	IR_	59-3488096 Not Applicable	
Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	
City & State 23 PACC FC	City & State FC			6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees	
Zin Country 24, 32571. 25 US P	29 3257 / 30	Coun	ISM	8. This corporation owes the current year Intangible Personal Property Tax. No No	
Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
MOORHEAD, STEPHEÑ RA B 4300 BAYOU BOULEVARD SUITES 12 & 13 PENSACOLA FL 32503			Name		
			82 Street Address (P.O. Box Number is Not Acceptable)		
		1	33		
		l	34 City	FL 85 Zip Code	
 Pursuant to the provisions of Sections 6 office or registered agent, or both, in the agent. I am familiar with, and accept the 	State of Florida. Such change was author	orized	by the corp	corporation submits this statement for the purpose of changing its registered pration's board of directors. I hereby accept the appointment as registered	
SIGNATURE				equired when reinstating) DATE	
Stgnature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required whe 12. OFFICERS AND DIRECTORS 13.				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
	011102107110011010			Change Addition	
		1.1 TITL 1.2 NAA	-	naigs research	
NAME 1444 MILLER, JEFFERSON B			E		

2936 FOX POND TRAIL 13 STREET ADDRESS STREET ADDRESS PACE FL 32571 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition Change DELETE 2.1 T/TLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS .STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition T DELETE 3.1 TITLE TITLE , : 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE 4.1 TILE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE ☐ Change ___ Addition □ DELETE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP 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 on an attachment with an address and all other like empowered.

SIGNATURE: