PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

Katherine Harris

Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90127 014 ***150.00

DOCUMENT #	P98000000080

INTERNATIONAL CORPORATE DEVELOPMENT, INC.

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Principal Place of Business	 Mailing Address		
13443 MALLARD COVE BLVD. ORLANDO FL 32837	 P.O. BOX 690803 ORLANDO FL 32869 -	 	_
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DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualifed 01/02/1998 Applied For 2a. Mailing Address 2. Principal Place of Business 2616 S. STEWART. Not Applicable \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5 Certificate of Status Desired Fee Required 6. Election Campaign Financing \$5.00 May Be City & State City & State Added to Fees 1755S Trust Fund Contribution Country 8. This corporation owes the current year Intangible Country Zip ☐ Yes USA Personal Property Tax. 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent CAROL BURNETTE-TORAL CAROL 82 54. 13443 MALLARD COVE BLVD. ORLANDO FL 32837 83 Y/55 84 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 CR2E034.(11/98) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Trange ☐ DELETE 11 TIME TITLE BURNETTE - LODEZ BURNETTE-TORAL, CAROL 17 NAME NAME 2616 S. STEWART St. 1.3 STREET ADDRESS 13443 MALLARD COVE BLVD. STREET ADORESS ORLANDO FL 32837 1.4 CITY-ST-ZIP CITY-ST-ZIP Change ■ Addition .21 TITLE TITLE __ . 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change DELETE 3.17TILE 3.2 NAME NAME 3.3 STREET ADORESS STREET ADDRESS 3.4. OTY-ST-ZIP CITY-ST-ZIP Change Addition ☐ DELETE 4.1 TITLE mle 4. 2 NAME NAME 4.3 STREET ADORESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change DELETE 5.1 TMLE TITLE 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5,4 CITY-ST-ZIP CITY-ST-ZIP Addition 6.1 TITLE Change DELETE TITLE 62 NAME NAME 8.3 STREET ADDRESS STREET ADDRESS 6.4 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 eath; 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 dress, with all other like empowered.

SIGNATURE:

FEI- 593487004