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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000019626

1. Corporation Name

INTERNA	TIONAL COVERINGS EXP	OSITION, INC.				
Principal Place	of Business	Mailing Address			1 100 Habi its 12101 (SIII) Sailt Sa	
900 EAST INDIA SUITE 207	NTOWN ROAD	900 east indiantown road Suite 207 Jupiter FL 33477				
JUPITER FL 334	77				DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualifed 03/02/1998	
2. Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number Applied For	
21		26			Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional	
22		27			Fee Required	
City & State	•	City & State			6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees	
Zip	Country	Zip	Cı	ountry	8. This corporation owes the current year Intangible	
24	25	29	30		Personal Property Tax. X Yes □ No	
	9. Name and Address of Curr	ent Registered Agent	•		10. Name and Address of New Registered Agent	
1323	Dera, Christopher B Southeast 3rd avenue Auderdale FL 33316			82 Street / 6 83 84 City	Christopher B. Waldera Address (P.O. Box Number is Not Acceptable) 6400 Overseas Highway Marathon FL 85 Zip Code 33050	
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						
	Signature, typed or printed name of registered a		<u>_</u>		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.	OFFICERS	AND DIRECTORS ☐ DE	1: LETE 11	TITLE	D Change Addition	
TITLE				NAME	Christopher B. Waldera	
NAME					1 1160 During the charge	
STREET ADDRESS			•	STREET ADDRESS	Mars 14 . Flouril 33000	
CITY+ST+ZIP				CITY-ST-ZIP	Change Addition	
ππ.E		□ DE		TITLE		
NAME [NAME		
STREET ADDRESS			2.3	STREET ADORESS	s ,	
CITY-ST-ZIP				CITY-ST-ZIP		
TITLE			LETE 3.1	TITLE	Change Addition	
NAME			3.2	NAME		
STREET ADDRESS			3.3	STREET ADDRESS	s	
CITY-ST-ZIP			3.4	. CITY-ST-ZIP		
TITLE		□ DE	LETE 4.1	TITLE	☐ Change ☐ Addition	
NAME			4. :	2 NAME		

CITY-\$T-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 supplement, annual aport 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 corp. this the regiver coustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chan, 3 and a schm at with an address, with all other like empowered.

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

□ D€LETE

DELETE

4.30.99

Change

☐ Change

☐ Addition

☐ Addition