

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**DOCUMENT # P98000064707**

1. Entity Name

INTERNATIONAL CAPITAL EQUIPMENT CORPORATION



**FILED  
Apr 28, 2004 8:00 am  
Secretary of State**

04-28-2004 90243 032 \*\*\*158.75

Principal Place of Business  
2471 McMULLEN BOOTH RD STE 309  
CLEARWATER FL 33759

Mailing Address  
3693 WOODRIDGE PLACE  
PALM HARBOR FL 34684

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Zip

Country

4. FEI Number

59-3524138

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

CHRAPPA, CARL  
3693 WOODRIDGE PLACE  
PALM HARBOR FL 34684

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

**SIGNATURE**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution.  \$5.00 May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D	<input type="checkbox"/> Delete	TITLE
NAME	CHRAPPA, CARL		NAME
STREET ADDRESS	3693 WOODRIDGE PLACE		STREET ADDRESS
CITY-ST-ZIP	PALM HARBOR FL 34684		CITY-ST-ZIP
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE
NAME	FRAZE, FRANK O		NAME
STREET ADDRESS	3849 STERLING ST		STREET ADDRESS
CITY-ST-ZIP	MIMS FL 32754		CITY-ST-ZIP
TITLE	AVP	<input type="checkbox"/> Delete	TITLE
NAME	VARGAS, LAURA H		NAME
STREET ADDRESS	3139 CARA COURT		STREET ADDRESS
CITY-ST-ZIP	PALM HARBOR FL 34684		CITY-ST-ZIP
TITLE		<input type="checkbox"/> Delete	TITLE
NAME			NAME
STREET ADDRESS			STREET ADDRESS
CITY-ST-ZIP			CITY-ST-ZIP
TITLE		<input type="checkbox"/> Delete	TITLE
NAME			NAME
STREET ADDRESS			STREET ADDRESS
CITY-ST-ZIP			CITY-ST-ZIP
TITLE		<input type="checkbox"/> Delete	TITLE
NAME			NAME
STREET ADDRESS			STREET ADDRESS
CITY-ST-ZIP			CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CARL CHRAPPA

4/21/03 727-796-7733

Date

Daytime Phone #