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DOCUI	MENT # P980000	96185		, sure	
1 -	ICCI HOLDINGS, INC.		*	FILED	•
 				02 FEB 26 AM 11: 35	
Principal Place of Business  52 W OAKLAND PARK BLVD		Mailing Address 2728 NW 87TH AVE			Į
WILTON MANOI US		CORAL SPRINGS FL 33065		SECRETARY OF STATE TALLAHASSEE, FLORIET	Ì
2. Principal P	Place of Business	3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		- RUSINO ILBUILINGEN HACE NO	<b>a</b>
City & State		City & State		4. FEI Number 65-0877940 Applied For Not Applied For	le
Zip	Country	Zip	Country	5. Certificate of Status Desired S8.75 Additional Fee Required	
	6. Name and Address of Current	Registered Agent	Name	7. Name and Address of New Registered Agent	
DEMI	PSEY, GEORGE R			s (P.O. Box number is Not Acceptable)	
52 W	/- OAKLAND PARK BLVD		Street Address	s (P.O. Box number is not Acceptable)	_
WILI	ON MANOR FL 33311				_
	=	g / e / <del>-</del> /-	City	FL Zip Code	
8. The above	named entity submits this statement fo	r the purpose of changing its	registered office or regis	tered agent, or both, in the State of Florida.	
SIGNATURE .	Signatur : Cedor pry Huname of egistered agent a	and title applicable (NOTE	EMALET E: Register d Agent signature requi	red when reinstating)  2/21/02 DATE	
Tax filing r	oration is eligible to satisfy its litangible requirement and elects to do so. ria on back)	After MAY 1, 20	!! FEE IS \$150.00 01 Fee will be \$550.00 ble to Department of S	I ITUSI FURU COMMONIA 🗀 AUGEO TO FEES	
11.	OFFICERS AND	DIRECTORS	12	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	⇉
TITLE NAME	D DEMPSEY, GEORGE R	☐ Delete	TITLE NAME	Change	±   0/0
STREET ADDRESS CITY-ST-ZIP	2728 NW 87TH AVE CORAL SPRINGS FL 33065		STREET ADDRESS CITY-ST-ZIP	-03/08/0201011022	5034 (10/00)
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CITY-ST-ZIP			CITY-ST-ZIP		
13. I hereby of indicated	certify that the information supplied with on this report or supplemental report is	his filing does not qualify for the and accurate and that n	the exemption stated in the signature shall have the security of the state of the s	Section 119.07(3)(i), Florida Statutes. I further certify that the information e same legal effect as if made under oath; that I am an officer or director (07, Florida Statutes; and that my name appears in Block 12 in Right 12 in Ri	f
of the corp changed,	poration or the redeiver or trustell empo or on an attachment with an addless, v	vith all other like empowered.	as required by Chapter o	07, Florida Statutes; and that my name appears in Block 11 or Block 12 i	1
of the corrections of the corrections of the correction of the cor	URE: M	with all other like empowered.	gorge R. Demps	se Week 9-28-01 954-561-0333	