

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

0433391

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **S16571**

1. Corporation Name
CICORP, INC.

Principal Place of Business

**402 S. KENTUCKY AVE.
4TH FLOOR
LAKELAND FL 33802**

Mailing Address

**P.O. BOX 1398
LAKELAND FL 33802
US**

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip Country

28

Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

**SUTTON, CARLOS K.
4210 ROLLING OAK DR
LAKELAND FL 33809**

81 Name

82 Street Address (P.O. Box Number is Not Accepted)

83

84 City

FL 85 Zip Code

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 in ink of registered agent or the corporation

Signature typed or printed in ink of registered agent or the corporation

1111

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE [] DELETE

NAME **D SUTTON, CARLOS K.**
STREET ADDRESS **4210 ROLLING OAK DR**
CITY-STATE-ZIP **LAKELAND FL**

TITLE [] DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE [] DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE [] DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE [] DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE [] DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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, that have the same legal effect as 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 697, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE:

Carlos K. Sutton **Carlos K. Sutton**

4-1-99

948-686-1161

FILED

99 APR 23 AM 9:11

SECRET
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/03/1990

4. FEI Number

59-3162092

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax

[] Yes [] No

10. Name and Address of New Registered Agent

CR2E034 (11/98)



ACCOUNT NO. : 072100000032
REFERENCE : 213428 7139998
AUTHORIZATION : *Blues B. 2*
COST LIMIT : \$ 150.00

ORDER DATE : April 21, 1999
ORDER TIME : 2:39 PM
ORDER NO. : 213428-010
CUSTOMER NO: 7139998
CUSTOMER: Mr. Ernest Newborn, Jr.
Usi Holdings, Inc.
235 Pine Street
10th Floor
San Francisco, CA 94104

ANNUAL REPORT FILING

NAME: CICORP, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: JEANINE REYNOLDS

EXAMINER'S INITIALS: *B*

4/23/99
59 APR 22 PM 4:58
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