

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **V08296 (8)**

1. Corporation Name
ICORR PROPERTIES INC.



Principal Place of Business: **2 NO TAMiami TR STE 206 SARASOTA FL 34236 US**
Mailing Address: **2 NO TAMiami TRAIL STE 206 SARASOTA FL 34236 US**

3. Date Incorporated or Qualified: **01/22/1992**
3a. Date of Last Report: **04/24/1995**
4. FEI Number: **65-0314218**
Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fees Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: **21 Suite 710**
2a. Mailing Address: **26 Suite 710**
22. City & State: **23**
24. Zip: **25** Country: **29** Zip: **30** Country: **31**

9. Name and Address of Current Registered Agent
**1 LACOCK, LINDA J
2 NO TAMiami TR
STE 206
SARASOTA FL 34236**

10. Name and Address of New Registered Agent
**81 Name: Marti Owen
82 Street Address (P.O. Box Number is Not Acceptable): 2 N Tamiami Trail
83 Suite 710
84 City: Sarasota FL 85 Zip Code: 34236**

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: *Marti Owen* **Marti Owen** **4/24/96**
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS

TITLE	C	<input type="checkbox"/> DELETE
NAME	WOLF, NORTON	
STREET ADDRESS	572 WELLINGTON ST	
CITY - ST - ZIP	LONDON, ONTARIO, CAN	
TITLE	PTS	<input checked="" type="checkbox"/> DELETE
NAME	OWEN, MARTHA H	
STREET ADDRESS	572 WELLINGTON STREET	
CITY - ST - ZIP	LONDON ON	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change: <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change: <input checked="" type="checkbox"/> Addition
2.2 NAME	P/T/S Ron Wolf
2.3 STREET ADDRESS	2 N Tamiami Trail - Suite 710
2.4 CITY - ST - ZIP	Sarasota, FL 34236
3.1 TITLE	<input type="checkbox"/> Change: <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change: <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change: <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change: <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Ron Wolf* **Ron Wolf** **04/25/96** **941-954-2300**
Signature AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)