

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

CORPORATION
ANNUAL REPORT
1995



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

**APPROVED
AND
FILED**

95 APR -7 AM 4:34

DOCUMENT # V15563 (2)

1. Corporation Name

INVESTOR COUNSELING GROUP, INC.

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Principal Place of Business

Mailing Address

**601 BRICKELL KEY
605
MIAMI FL 33131
US**

**601 BRICKELL KEY
605
MIAMI FL 33131
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/20/1992

3a. Date of Last Report

04/27/1994

2. Principal Place of Business

2a. Mailing Address

21

25

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

65-0315829

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee 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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SAICHEK, LAWRENCE A.
601 BRICKELL KEY DR
STE 605
MIAMI FL 33131**

81. Name

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

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 of current registered agent and that of corporation)

(Signature of Registered Agent (signature required when appointing))

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

PTD

NAME

DUJANOVIC, THOMAS A.

STREET ADDRESS

601 BRICKELL KEY DR, STE 605

CITY, ST, ZIP

MIAMI FL

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

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STREET ADDRESS

CITY, ST, ZIP

14. TITLE

15. NAME

16. STREET ADDRESS

17. CITY, ST, ZIP

18. TITLE

19. NAME

20. STREET ADDRESS

21. CITY, ST, ZIP

22. TITLE

23. NAME

24. STREET ADDRESS

25. CITY, ST, ZIP

26. TITLE

27. NAME

28. STREET ADDRESS

29. CITY, ST, ZIP

30. TITLE

31. NAME

32. STREET ADDRESS

33. CITY, ST, ZIP

34. TITLE

35. NAME

36. STREET ADDRESS

37. CITY, ST, ZIP

38. TITLE

39. NAME

40. STREET ADDRESS

41. CITY, ST, ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not constitute any other information indicated on this annual report or supplemental annual report to be 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:

THOMAS A. DUJANOVIC

THA Dujanovic

4-4-95

505 577-3902

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Number