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 # **V27429** **(2)**

1. Corporation Name

INTERNATIONAL COMPUTER RESOURCES, INC.

Principal Place of Business	Mailing Address
4400 N.W. 19TH AVENUE, SUITE B POMPANO BEACH FL 33064	4400 N.W. 19TH AVENUE, SUITE B POMPANO BEACH FL 33064

3. Date Incorporated or Qualified: **04/09/1992**
3a. Date of Last Report: **02/24/1995**

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22) (27)
City & State (23) (28)
Zip (24) County (25) Zip (29) Country (30)

4. FEI Number: **65-0328658** ☐ 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

BAKER, RICHARD
4400 N.W. 19TH AVENUE, SUITE B
POMPANO BEACH FL 33064

10. Name and Address of New Registered Agent

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 Section 607.0505 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 (Typed or printed name of person signing) (New Registered Agent's signature, if changing registered agent) DATE

12. OFFICERS AND DIRECTORS

1 TITLE	P	☐ DELETE
NAME	BAKER, RICHARD	
STREET ADDRESS	20993 SHADY VISTA LANE	
CITY-ST-ZIP	BOCA RATON FL 33428	
2 TITLE	V	☐ DELETE
NAME	BAKER, NANCY	
STREET ADDRESS	20993 SHADY VISTA LANE	
CITY-ST-ZIP	BOCA RATON FL 33428	
3 TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
4 TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
5 TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
6 TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE		☐ Change ☐ Addition
1 NAME		
1 STREET ADDRESS		
1 CITY-ST-ZIP		
2 TITLE		☐ Change ☐ Addition
2 NAME		
2 STREET ADDRESS		
2 CITY-ST-ZIP		
3 TITLE		☐ Change ☐ Addition
3 NAME		
3 STREET ADDRESS		
3 CITY-ST-ZIP		
4 TITLE		☐ Change ☐ Addition
4 NAME		
4 STREET ADDRESS		
4 CITY-ST-ZIP		
5 TITLE		☐ Change ☐ Addition
5 NAME		
5 STREET ADDRESS		
5 CITY-ST-ZIP		
6 TITLE		☐ Change ☐ Addition
6 NAME		
6 STREET ADDRESS		
6 CITY-ST-ZIP		

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, added or deleted, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)