

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 06, 1999 8:00 am
Secretary of State

03-06-1999 90018 043 ***150.00

DOCUMENT # V27429

1. Corporation Name

INTERNATIONAL COMPUTER RESOURCES, INC.



Principal Place of Business

4400 N.W. 19TH AVENUE, SUITE B
SUITE I, J, K
POMPANO BEACH FL 33064
US

Mailing Address

4400 N.W. 19TH AVENUE, SUITE B
SUITE I, J, K
POMPANO BEACH FL 33064
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/09/1992

4. FEI Number

65-0328658

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

2. Principal Place of Business

21 2875 South Congress Ave

2a. Mailing Address

26 2875 South Congress Ave

Suite, Apt. #, etc.

22 D

Suite, Apt. #, etc.

27 D

City & State

23 Delray Beach FL

City & State

28 Delray Beach, FL

Zip Country

24 33445 25 USA

Zip Country

29 33445 30 USA

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name

Baker, Richard

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

3333 South Congress Ave #404

83

84 City

Delray Beach

FL

85 Zip Code

33445

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 name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/22/99

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
P
BAKER, RICHARD
STREET ADDRESS
20993 SHADY VISTA LANE
CITY-ST-ZIP
BOCA RATON FL 33428

TITLE ☐ DELETE

NAME
V
BAKER, NANCY
STREET ADDRESS
20993 SHADY VISTA LANE
CITY-ST-ZIP
BOCA RATON FL 33428

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☒ Change

☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

20272 Hacienda Ct.
Boca Raton, FL 33498

2.1 TITLE

☒ Change

☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

20272 Hacienda Ct.
Boca Raton, FL 33498

3.1 TITLE

☐ Change

☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change

☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change

☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change

☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE:

Signature and typed or printed name of signing officer or director

2/22/99

Date

561 243-8744

Daytime Phone #

CR2E034 (11/98)