FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAR -1 PM 8:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V40352 (9)

1. Corporation Name
ICOT CENTER, INC.

Principal Place of Business
17755 US 19 NORTH
SUITE 150
CLEARWATER FL 34624

Mailing Address
%J. BOB HUMPHRIES, ESQ.
501 E. KENNEDY BLVD. #1700
TAMPA FL 33602

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/01/1992
3a. Date of Last Report: 05/02/1994
4. FEI Number: 59-3126444 — 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

2. Principal Place of Business
21
Suite, Apt. #, etc. 22
City & State 23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc. 27
City & State 28
Zip 29 Country 30

9. Name and Address of Current Registered Agent
HUMPHRIES, J BOB
501 E KENNEDY BLVD
SUITE 1700
TAMPA FL 33602

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 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 ____________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	AS
NAME	HUMPHRIES, J. BOB
STREET ADDRESS	501 E KENNEDY BLVD., #1700
CITY-ST-ZIP	TAMPA FL 33602
TITLE	~~DPSTXX~~
NAME	~~TEMIK FREDERICK XXXXX~~
STREET ADDRESS	~~HERZOG-WILHELM-STRASSE 28~~
CITY-ST-ZIP	~~MUNICH GERMANY 80331XX~~
TITLE	~~V~~
NAME	~~SMITH DREW XXXXXXXXXXX~~
STREET ADDRESS	~~XXXXXXXXXXXXXXXXX~~
CITY-ST-ZIP	~~CLEARWATER FL 34624XXXX~~
TITLE	D P S T
NAME	Holder, B.
STREET ADDRESS	501 E. Kennedy Blvd., #1700
CITY-ST-ZIP	Tampa, FL 33602
TITLE	D
NAME	Radtke, H.-H.
STREET ADDRESS	17755 U.S. 19
CITY-ST-ZIP	Clearwater, FL 34624
TITLE	
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
2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
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

400001417524
-02/28/95--01104--001
****200.00 ****200.00

400001417524
-02/28/95--01104--003
*****17.50 *****8.75

3/1/95 MST

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)(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.

SIGNATURE: [signature] 2/27/95 (813) 222-1173
J. Bob Humphries, Assistant Secretary
Signature and typed or printed name of signing officer or director / Date / Daytime Phone #

0280078 CP