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May 15 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **V40352** **(9)**

1. Corporation Name
ICOT CENTER, INC.

Principal Place of Business	Mailing Address
27757 US 19 N SUITE 350 CLEARWATER FL 34624 US	17757 US 19 N SUITE 350 CLEARWATER FL 34624-6559 US

3. Date Incorporated or Qualified: 06/01/1992
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business
21 Suite, Apt. #, etc.: 22
23 City & State: Clearwater, FL
24 Zip: 34620
25 Country: Pinellas

2a. Mailing Address
26 Suite, Apt. #, etc.: 27
28 City & State: Clearwater, FL
29 Zip: 34626
30 Country: Pinellas

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

9. Name and Address of Current Registered Agent
ASSIES, BERNHARD
17757 US 19 N
SUITE 350
CLEARWATER FL 34624

10. Name and Address of New Registered Agent
81 Name:
82 Street Address (P.O. Box Number is Not Acceptable): 13925 58th St. N.
83:
84 City: Clearwater FL 85 Zip Code: 34620

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: B. Assies (B. Assies) 04/29/1997
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	V	☐ DELETE	1.1 TITLE	V	☒ Change ☐ Addition
NAME	FLOVACEK, MARVIN		1.2 NAME	Slovacek, Marvin	
STREET ADDRESS	17757 US 19 N SUITE 350		1.3 STREET ADDRESS	13925 58th St. N.	
CITY-ST-ZIP	CLEARWATER FL		1.4 CITY-ST-ZIP	Clearwater, FL 34620	
TITLE	D	☐ DELETE	2.1 TITLE	D/V	☒ Change ☐ Addition
NAME	RADTKE, H.H.		2.2 NAME	Radtke, H.H.	
STREET ADDRESS	17755 U.S. 19		2.3 STREET ADDRESS	13925 58th St. N.	
CITY-ST-ZIP	CLEARWATER FL 34624		2.4 CITY-ST-ZIP	Clearwater, FL 34620	
TITLE		☐ DELETE	3.1 TITLE	D/P	☐ Change ☒ Addition
NAME			3.2 NAME	Hay, Douglas	
STREET ADDRESS			3.3 STREET ADDRESS	13925 58th St. N.	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	Clearwater, FL 34620	
TITLE		☐ DELETE	4.1 TITLE	T	☐ Change ☒ Addition
NAME			4.2 NAME	Assies, Bernhard	
STREET ADDRESS			4.3 STREET ADDRESS	13925 58th St. N.	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	Clearwater, FL 34620	
TITLE		☐ DELETE	5.1 TITLE	S	☐ Change ☒ Addition
NAME			5.2 NAME	Reichert, Lothar F	
STREET ADDRESS			5.3 STREET ADDRESS	13925 58th St. N.	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	Clearwater, FL 34620	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do 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.

SIGNATURE: Lothar F. Reichert Secretary 4/29/97 (812) 535-7999
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #