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FILED
Jul 08 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

13925 58 ST N
CLEARWATER FL 34620 33760
US

Mailing Address

13925 58 ST N
CLEARWATER FL 34620 33760
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

3. Date Incorporated or Qualified

06/01/1992

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 owes or has paid the current year intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

ASSIES, BERNHARD
13925 58 ST N
CLEARWATER FL 34620

10. Name and Address of New Registered Agent

81 Name WOHLWEND, BETH
82 Street Address (P.O. Box Number is Not Acceptable)
13925 58 ST. N.
83
84 City CLEARWATER FL 85 Zip Code 33760

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, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
V	SLOVACEK, MARVIN	13925 58 ST N CLEARWATER FL 34620		<input checked="" type="checkbox"/>
DV	RADTKE, H H	13925 58 ST N CLEARWATER FL 34620 33760		<input type="checkbox"/>
DP	HAY, DOUGLAS	13925 58 ST N CLEARWATER FL 34620 33760		<input type="checkbox"/>
T	ASSIES, BERNHARD	13925 58 ST N CLEARWATER FL 34620		<input checked="" type="checkbox"/>
S	REICHERT, LOTHAR F	13925 58 ST N CLEARWATER FL 34620		<input checked="" type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>

WOHLWEND, BETH
13925 58 ST. N.
CLEARWATER, FL 33760

HUMPHRIES, J. BOB
501 E. KENNEDY, STE. 1700
TAMPA, FL 33601

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***158.75

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.

SIGNATURE:

BETH WOHLWEND 4/27/98 524-4833

CR2E034 (10/97)