

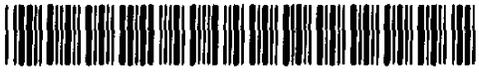
**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**  
**Jul 08 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # V40352 (9)**  
 1. Corporation Name  
**ICOT CENTER, INC.**

Principal Place of Business	Mailing Address
13925 58 ST N CLEARWATER FL 34620 33760 US	13925 58 ST N CLEARWATER FL 34620 33760 US



DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified	Applied For
06/01/1992	Not Applicable
4. FEI Number	Applied For
59-3126444	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input checked="" type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> 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 58th 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 Sections 607.0505, Florida Statutes.

SIGNATURE: *Beth Wohlwend* DATE: **6/17/98**

12. OFFICERS AND DIRECTORS

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>WOHLWEND, BETH</b>
4.3 STREET ADDRESS	<b>13925 58th ST. N.</b>
4.4 CITY-ST-ZIP	<b>CLEARWATER, FL 33760</b>
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>HUMPHRIES, J. BOB</b>
5.3 STREET ADDRESS	<b>501 E. KENNEDY, STE. 1700</b>
5.4 CITY-ST-ZIP	<b>TAMPA, FL 33601</b>
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>700002583427</b>
6.3 STREET ADDRESS	<b>-07/08/98--01091--023</b>
6.4 CITY-ST-ZIP	<b>***158.75</b>

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* / **BETH WOHLWEND 4/27/98 524-4833**

CR2E034 (10/97)