

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P94000024339 (1)

1. Corporation Name
ICP2, INC.



Principal Place of Business
P.O. BOX 560279
ORLANDO FL 32856-0279

Mailing Address
P.O. BOX 560279
ORLANDO FL 32856-0279

3. Date Incorporated or Qualified 03/30/1994	3a. Date of Last Report 03/28/1995
4. FEI Number 13-3799330	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. State, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Country
24. Country	29. Zip
25. Country	30. Country

9. Name and Address of Current Registered Agent

WALKER, H W JR
4900 FIRST UNION FINANCIAL CENTER
200 S BISCAYNE BOULEVARD
MIAMI FL 33131

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	FL
83. City	
84. City	

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. Thereby, accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0502, Florida Statutes.

SIGNATURE

Signature of Agent

Signature of Agent

DAY

12. OFFICERS AND DIRECTORS		
TITLE	DP	<input type="checkbox"/> DELETE
NAME	COHEN, MARK B	
STREET ADDRESS	10 EAST 50TH STREET	
CITY-STATE-ZIP	NEW YORK NY	
TITLE	V	<input type="checkbox"/> DELETE
NAME	MATTON, PETER V	
STREET ADDRESS	10 EAST 50TH STREET	
CITY-STATE-ZIP	NEW YORK NY	
TITLE	V	<input type="checkbox"/> DELETE
NAME	ROCHE, WILLIAM A	
STREET ADDRESS	10 EAST 50TH STREET	
CITY-STATE-ZIP	NEW YORK NY	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	SHAPIRO, ANDREW N	
STREET ADDRESS	10 EAST 50TH STREET	
CITY-STATE-ZIP	NEW YORK NY	
TITLE	V	<input type="checkbox"/> DELETE
NAME	FRIEDRICH, HENRY	
STREET ADDRESS	10 EAST 50TH STREET	
CITY-STATE-ZIP	NEW YORK NY	
TITLE	V	<input type="checkbox"/> DELETE
NAME	BUERGLER, MARCUS U	
STREET ADDRESS	10 EAST 50TH STREET	
CITY-STATE-ZIP	NEW YORK NY	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
11. TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME		
13. STREET ADDRESS	PO BOX 395 Church St. Station	
14. CITY-STATE-ZIP	NY NY 10008	
21. TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME		
23. STREET ADDRESS	PO Box 395 Church St. Station	
24. CITY-STATE-ZIP	NY NY 10008	
31. TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME		
33. STREET ADDRESS	PO Box 395 Church St. Station	
34. CITY-STATE-ZIP	NY NY 10008	
41. TITLE	T/S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42. NAME	Paul A. Freilich	
43. STREET ADDRESS	P.O. Box 395 Church St. Station	
44. CITY-STATE-ZIP	New York, NY 10008	
51. TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME		
53. STREET ADDRESS	P.O. Box 395 Church St. Station	
54. CITY-STATE-ZIP	NY NY 10008	
61. TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME		
63. STREET ADDRESS	PO Box 395 Church St. Station	
64. CITY-STATE-ZIP	NY NY 10008	

14. I do hereby certify that the information supplied on this form is voluntarily furnished and does not qualify for the exemption stated in Section 199.07(3)(g), 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: *Henry Friedrich* Vice President 3/25/96 212-574-3785

CR2E034 (12/95)