

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra D. Northing
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 28 PM 1:47

DOCUMENT # **P94000024341 (7)**

1. Corporation Name
ICP1, INC.

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

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

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **03/30/1994** 3a. Date of Last Report

03/30/1994

4. FEI Number **13-3799327** 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

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WALKER, H W JR
4900 FIRST UNION FINANCIAL CENTER
200 S BISCAYNE BOULEVARD
MIAMI FL 33131-2352**

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

(Signature required for person named as registered agent and for applicable)

(Signature required for registered agent (signature required when reappointing))

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11 TITLE	D/P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	Cohen, Mark B.	
13 STREET ADDRESS	10 East 50th Street	
14 CITY-ST-ZIP	New York, NY 10022	
21 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	Matton, Peter V.	
23 STREET ADDRESS	10 East 50th Street	
24 CITY-ST-ZIP	New York, NY 10022	
31 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	Roche, William A.	
33 STREET ADDRESS	10 East 50th Street	
34 CITY-ST-ZIP	New York, NY 10022	
41 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	Shapiro, Andrew N.	
43 STREET ADDRESS	10 East 50th Street	
44 CITY-ST-ZIP	New York, NY 10022	
51 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME	Friedrich, Henry P.	
53 STREET ADDRESS	10 East 50th Street	
54 CITY-ST-ZIP	New York, New York 10022	
61 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
62 NAME	Buergler, Marcus U.	
63 STREET ADDRESS	10 East 50th Street	
64 CITY-ST-ZIP	New York, NY 10022	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Henry Friedrich, VP
Mark B. Cohen, President

212-574-3781

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BOX 13 Continued

Title:	T/S	Addition
Name:	Freilich, Paul A.	
Street Address:	10 East 50th Street	
City, St, Zip:	New York, NY 10022	