

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

PROFIT CORPORATION ANNUAL REPORT 1998



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

**FILED**

98 JUN 22 AM 10:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DOCUMENT # P95000070969 (7)

1. Corporation Name  
ICW ENTERTAINMENT, INC.

Principal Place of Business  
~~2060 NORTHEAST 32ND AVENUE~~  
FORT LAUDERDALE FL

Mailing Address **PO Box 70336**  
~~2060 NORTHEAST 32ND AVENUE~~  
FORT LAUDERDALE FL **33307**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified  
**09/14/1995**

21 Suite, Apt. #, etc.

26 **PO Box 70336**

4. FEI Number  
**65-0621317**

Applied For  
Not Applicable

22 City & State

27 **Ft Lauderdale FL 33307**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

23 Zip Country

28 Zip Country

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

24 Zip Country

29 Zip Country

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

10. Name and Address of New Registered Agent

CLAIR, EDWARD J JR.  
~~2060 N.E. 32ND AVE.~~ **PO Box 70336**  
~~FT. LAUDERDALE FL~~  
**3274 SE Jefferson St.**  
**STUART, FL 34997**

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 type for principal officers and directors (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS  DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change  Addition

TITLE NAME  
**PTD CLAIR, EDWARD J**  
STREET ADDRESS ~~2060 NORTHEAST 32ND AVENUE~~ **PO Box 70336**  
CITY-ST-ZIP ~~FORT LAUDERDALE FL~~

1.1 TITLE  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS **3274 SE Jefferson St.**  
1.4 CITY-ST-ZIP **STUART, FL 34997**

TITLE NAME  
**VSD CLAIR, KATHERINE W**  
STREET ADDRESS ~~2060 NORTHEAST 32ND AVENUE~~ **PO Box 70336**  
CITY-ST-ZIP ~~FORT LAUDERDALE FL~~

2.1 TITLE  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS **3274 SE Jefferson St.**  
2.4 CITY-ST-ZIP **STUART, FL 34997**

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP  DELETE

3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS **400002571764--2**  
3.4 CITY-ST-ZIP **-06/25/98--01009--002**  
**\*\*\*\*150.00 \*\*\*\*150.00**

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP  DELETE

4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS **T.B. 6/22**  
4.4 CITY-ST-ZIP

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP  DELETE

5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS **98 AR**  
5.4 CITY-ST-ZIP

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP  DELETE

6.1 TITLE  Change  Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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: **Katherine W Clair** 1100 Ave 3/8/98 954 566 7757

CR2E034 (10/97)