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**Feb 11 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P96000063605 (5)

1. Corporation Name
ICO ENTERPRISES, INC.



Principal Place of Business: **P O BOX 277 INDIANTOWN FL 34956**
Mailing Address: **P O BOX 277 INDIANTOWN FL 34956-0277**

3. Date Incorporated or Qualified: **07/26/1996**
3a. Date of Last Report

2. Principal Place of Business

21. Suite, Apt #, etc.
22. City & State
23. Zip Country

2a. Mailing Address

26. Suite, Apt #, etc.
27. City & State
28. Zip Country

29. Zip Country

4. FEI Number 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

9. Name and Address of Current Registered Agent

**NORMAN, KENNETH A
800 SE MONTEREY COMMONS BLVD
SUITE 200
STUART FL 34996**

10. Name and Address of New Registered Agent

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 _____ DATE _____
Signatures, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
PD	POST, ROBERT M. J	16001 SW MARKET ST	INDIANTOWN, FL	
VD	FOWLER, WILLIAM C.	15925 SW WARFIELD BLVD.	INDIANTOWN, FL	
S	GENTRY, ELIZABETH A.	15851 SW FARMS RD.,	INDIANTOWN, FL	
D	POST, LINDA M.	16001 SW MARKET ST.	INDIANTOWN, FL	

14. I do 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, changed, or on an attachment with an address.

SIGNATURE: *William C. Fowler* **WILLIAM C. FOWLER** 2/7/97 (561) 597-2104
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)