## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1998

FLORIDA DEPARTMENT OF STATE

**FILED** 

Aug 13 1998 8:00am

Secretary of State

## Sandra B. Mortham,

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000029631 (3)

ICL INVESTIGATIONS, INC.

Principal Place of Business

	NVILLE FL 322			JACKSONVILLE FL 32225							
								DO NOT WRITE IN THIS SPACE			
									3. Date Incorporated or Qualified		
		<b></b>							03/31/1997		
_	Principal Place of Business 2a. Mailing Address								4. FEI Number Applied For		
21		_	26					59-3436186 Not Applicable			
Suite, Apt. #, etc.				Suite, Ap1. #, etc.					5. Certificate of Status Desired S8.75 Additional Fee Required		
City & State				City & State					6. Election Campaign Financing \$5.00 May Be		
23	28			28					Trust Fund Contribution Added to Fees		
Zip			Country	Zip		Cou	untry		8. This corporation owes or has paid the current year Intangible		
24		25		29		30			Personal Property Tax due June 30Yes No		
9. Name and Address of Current Registered Agent							10. Name and Address of New Registered Agent				
	MAXWELL, RONALD W							81 Name			
4811 ATLANTIC BLVD. STE 4							R2	82 Street Address (P.O. Box Number is Not Acceptable)			
			32207-2129				62 Street Add		Address (F.O. DOX Number is Not Acceptable)		
	0.1011001		ODDA! E IEA				83				
					L.						
						84	City	FL 85 Zip Code			
11. Po	ursuant to the	provisions	of sections 607.0502	and 607.150	8, Florida Statut	tes, the ab	oove	named c	orporation submits this statement for the purpose of changing its registered		
of	fice or registe:	red agent,	or both, in the State and accept the obliga	of Florida. Su	ch change was	authorize	id by	the corp	pration's board of directors. I hereby accept the appointment as registered		
•	•	MINERI WYLLII,	and accept the obliga	ILIONS OF SOCI	011 007 .0303, 1	ionua ota	.coros	٠.			
SIGNA	TURE	a, typed or pri	nted name of registered agen	t and title if applicat	ble (F	NOTE Registe	ered A	gent signatur	e required when reinstalling) DATE		
12.			OFFICERS AN			13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D				DELETE	1.1 Ti	ITLE		Change Addition		
NAME	MEA	CHAM. (	CHARLES E			1,2 N	AME		•		
STREET ADDRESS 818-COLONIAL							TREET	ADDRESS	995/ ATLANTIC Blud SUITE 305		
	IA OL		LE FL 32225				ITY-\$1		They william to Ottog Tolle &		
CITY-ST-ZI	IP UNO	-	EL IL OLLEO		DELETE 2.17			-241			
					UELETE	2.2 NAME			Change Addition		
NAME											
STREET AL							2.3 STREET ADD				
CITY-ST-Z	(P						2.4 CITY-ST-ZIP				
TITLE	l l				DELETE	3.1 TITLE			Change		
NAME						3.2 N.					
STREET A	DDRESS					3.3 S1	TREET	ADDRESS			
CITY-ST-Z	IP						TY-ST	-ZIP			
TITLE	1	L_ OELET			DELETE	4.1 7	ITLE		Change Addition		
NAME						4.2 N	AME				
STREET AL	DORESS					4.3 S1	TREET	ADDRESS			
CITY-ST-Z	IP .					4.4 C	(TY-\$1	-ZIP			
TITLE					DELETE	5.1 T	TLE		Change Addition		
NAME						5.2 N	AME				
STREETAL	DORESS					5.3 ST	TREET	ADDRESS			
CITY-ST-ZI						5.4 C	(TY-\$1	-ZIP			
TITLE	_   -	_			DELETE	6.1 Ti			Change Addition		
NAME						6.2 N	AME		The state of the s		
STREET AL	DORESS							ADDRESS			
CITY-ST-ZI		at the info	rmation supplied with	this filing does	s not qualify for		ofior		section 119.07(3)(i), Florida Statutes. I further certify that the information		
indi an d in B	icated on this officer or directions and the state of the	annual repotent the tock 13 if cl	corporation or the hanged, or on an alla	enual report eiver of trust chinent with	is true and accept empowered address.	urate and to execute	that e this	my signa s report a	iture shall have the same legal effect as if made under oath; that I am s required by Chapter 607, Florida Statutes; and that my name appears		