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PROFIT CCRPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS FILED Apr 29, 1999 8:00 am Secretary of State 04-29-1999 90255 002 ***150.00

DOCUMENT # P97000029631 1. Corporation Name

ICL INVESTIGATIONS, INC.

Principal Plac	e of Business		Mailing	Address					•••	***************************************		,,,,,,,	•		
9951 ATLANTIC BLVD. STE 305			9951 ATLANTIC BLVD. STE 305												
JACKSONVILLE FL 32225			JACKSOI	NVILLE FL 32225						DC	NOT WR	ITE IN T	HIS SPACE		
								3	Date Ir	ncorporated					
								"		1/1997					
2 Principa P	lace of Business		2a. Mail	ing Address				4	. FEI Nu					Applie	d For
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24	25		29		30	_				13l Property		<u> </u>	Yes	<u></u>	140
	9. Name and Add	ress of Current	Registered	l Agent		81	Nama), Name	and Addres	ss of New	Registe	re i Ageni		
MAY	WELL, RONALD W					"	Name								
	ATLANTIC BLVD.					82	Street	Address ((P.O. Box	Number is	Not Accept	able)			
	KSONVILLE FL 322														
U/O	MOOITHILL I'L OLL	Or E IEO				83									
						84	City						FL 85 Z	ip Coo	le
	to the provisions of S		1007.45	00 Fl. (4- Ci-t					on aubmi	ite this state	mont for the			its na	aistered
office cri	registered agent, or bo	oth, in the State c	f Florida. St	uch change was	authorize	d by	tne corp	oration's t	board of	cirectors. I h	ereby acce	ept the a	ppointment as	regis	tered
agent. I a	ım familiar with, and a	cept the obligati	ons of, Sect	tion 607.0505, FI	orida Sta	tutes.									
SIGNATURE	Signature, typed or printed no			/NOT	f to December	4 4 2 2 2 2	t overenture s	required when	n reinstehna	,		DAT			— (
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CITY-ST-ZIP 14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.0°(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or suppliemental 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 of 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 on an attack preparation or the receiver of 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 on an attack preparation or the receiver of trustee empowered. Block 12 or Block 13 if changed,

6.4 CITY-ST-ZIP

SIGNATURE:

TYPED OR PRINTED NAME OF SIGNING OFFICE THOSE DIRECTOR