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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Feb 19, 1999 8:00 am Secretary of State

02-19-1999 90032 049 ***150.00

DOCUMENT # 619395

MCCORKLE ICE, INC.

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Principal Plac	ce of Business	Mailing Add	dress		* * * *		(8) B(II B(II) B(II) B(II) B(II)	(1811 BIBLI BIBLI BB)	¥.
19041 NW 10TH AVE MIAMI FL 33169		MCCORKLE P.O. BOX 69 MIAMI FL 33	MCCORKLE ICO P.O. BOX 693752 MIAMI FL 33269				DO NOT WRITE IN THIS SPACE		
		US				3. Date Incorporated or Qualifed 05/02/1979			
	Place of Business	2a. Mailing	Address			4. FEI Number		Applied For	7
21		26				59-1919671		Not Applicable	;
Suite, Apt.	. #, etc.	Suite, A	pt. #, etc.			5. Certifcate of Status Desired	□ *\$8. 7	5 Additional	
22		27				5. Oct. (100.10 5) Clastes 200.100	5. Certificate of Status Desired		
City & State		City & State				6. Election Campaign Financing	· \$5.	00 May Be	
23	Country	28		Country		Trust Fund Contribution		led:to.Fees	= -
<u> </u>	Zip Country		Zip Co			8. This corporation owes the current year Intangible Personal Property Tax. ☑ Yes □ No			
24	9. Name and Address of Curre			30		10. Name and Address of New F		⊔NO	
	3. Name and Address of Curre	ent itegistered Ag	jeni	81	Name	IV. Name and Address of New P	Registered Agent		-
MIKI	E MCCONKLE				11445		-		
19041 NW 10TH AVE		r		82	Street Ad	ddress (P.O. Box Number is Not Accepta	ss (P.O. Box Number is Not Acceptable)		Ī
MIAI	MI FL 33169			83		,			4
				"					İ
	-			84	City		FL 85	Zip Code	7
11. Pursuant	to the provisions of Sections 607.05	502 and 607.1508,	Florida Statutes	s the abov	o namad aa	progration submits this statement for the	purpose of changing	its registered	
agent. I a	am familiar with, and accept the oblig	e of Florida, Such o	change was aut	thorized by	the corpora	ation's board of directors. I hereby accep	t the appointment a	s registered	
agent. I a SIGNATURE	am familiar with, and accept the oblig	gations of, Section	change was aut 607.0505, Florid	thorized by da Statutes	the corpora	ation's board of directors. I hereby accepulation is board of directors. I hereby accepulation is board of directors.	t the appointment a	s registered	
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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, with all other like empowered.

SIGNATURE: