

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra H. Moynihan
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

08/30/1993

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000062074 (8)**

1. Corporation Name

ESPOSITO'S ITALIAN ICES, INC.

Principal Place of Business

**4335 N. OCEAN BLVD. (A1A), #106
LAUDERDALE BY THE SEA FL 33308**

Mailing Address

**4335 N. OCEAN BLVD. (A1A), #106
LAUDERDALE BY THE SEA FL 33308**

DO NOT WRITE IN THIS SPACE

3. Date of Corporation's Fiscal Year
08/30/1993

3a. Date of Last Report
05/01/1994

2. Principal Place of Business
21

2a. Mailing Address
26

4. FCI Number
APPLIED FOR 65-0440967

Applied For
Not Applicable

State Apt. # etc.
22

State Apt. # etc.
27

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

City & State
23

City & State
28

6. Election Campaign Financing
Trust Fund Contribution

**\$5.00 May Be
Added to Fees**

24
25

29
30

8. This corporation has liability for intangible tax under S. 199.032
Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MIDORA, JAMES
4335 N. OCEAN BLVD.
(A1A), #108
LAUDERDALE BY THE SEA FL 33308**

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 601.0507 and 601.1508, 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 601.1508, Florida Statutes.

SIGNATURE

Signature of Registered Agent (Required) (See Section 601.1508)

Signature of Registered Agent (Required After Renaming)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D
NAME	ESPOSITO, NICHOLAS G JR
STREET ADDRESS	4335 N. OCEAN BLVD. A1A, #106
CITY & STATE	LAUDERDALE BY THE SEA FL
TITLE	D
NAME	ISSEL, TIMOTHY J
STREET ADDRESS	4335 N. OCEAN BLVD. A1A, #106
CITY & STATE	LAUDERDALE BY THE SEA FL
TITLE	
NAME	
STREET ADDRESS	
CITY & STATE	
TITLE	
NAME	
STREET ADDRESS	
CITY & STATE	
TITLE	
NAME	
STREET ADDRESS	
CITY & STATE	

14 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
15 NAME	
16 STREET ADDRESS	
17 CITY & STATE	
18 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
19 NAME	
20 STREET ADDRESS	
21 CITY & STATE	
22 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
23 NAME	
24 STREET ADDRESS	
25 CITY & STATE	
26 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
27 NAME	
28 STREET ADDRESS	
29 CITY & STATE	
30 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
31 NAME	
32 STREET ADDRESS	
33 CITY & STATE	

14. I, the undersigned, certify that the information supplied with this filing is accurately furnished and does not qualify for the exemption stated in Section 601.0506, Florida Statutes. I further certify that the information included in this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect and binding character as that of an officer or director of the corporation or the officer or director empowered to execute this report as required by Chapter 601, Florida Statutes, and that my name appears in Block 12 of this form if it changed or was an addition with an address.

SIGNATURE:

[Handwritten Signature]

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-95

DATE