## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT CORPORATION ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

DOCUMENT # PHILLY'S FAMOUS WATER ICE, INC.

(0)

## **FILED** May 07 1998 8:00am Secretary of State



Principal Place	e of Business	Mailing Address			a noors deskin onded rinkt dirin diring eisen debit eidig erant debit didit didit ibbt.		
2802 B. SOUTH DALE MADRY		3802 B. SOUTH DALE (	MADRY				
TAMPA FL 33611 US		TAMPA FL 33611 US	TAMPA FL 33611		DO NOT WRITE IN THIS SPACE		
03		05			3. Date Incorporated or Qualified	115 SPACE	<del></del>
					06/12/1992		
	lace of Business	2a. Mailing Address			4. FEI Number	A	pplied For
21 380	2 B. South DALIMA	<b>/</b> 26			59-3150603	N	ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75	Additional
22		27			o. Certificate of Status Desired	Fee R	equired
City & State	9	City & State			6. Election Campaign Financing \$5.00 May Be		May Be
23 760	wyse	1 0		Trust Fund Contribution		to Fees	
Zip	Country	Zφ	Count	ry	8. This corporation owes or has paid the current year Intangible		
24 3361 25 29 9. Name and Address of Current Registered Agent				Personal Property Tax due June 30. Yes No  10. Name and Address of New Registered Agent			
1 AI	PIN, MAXWELL	Hadistaled Matit	8	1 Name		ed Agent	
5291 HARBORSIDE AVE				LAPINI, Wheyene (			
TAMPA FL 33611				82 Street Address (P.O. Box Number is Not Acceptable)			
ivi	MFA FE 33011		8	<u></u>	(050 HOBUMARY 1	whie_	
				]	•		
			8	4 City		- 85 Zip	Code
11 Purcuant t	to the provisions of Sections 607 8502	and 607 1509 Florida State	itos the abo	us named as	propration submits this statement for the purpos	3	1647
office or re	egistered agent, or both, in the State c	of Florida. Such change was	authorized I	by the corpor	ration's board of directors. I hereby accept the	appointment as	registered
-	m <b>lam</b> iliar with, and accept the obligat	ions of, Section 607.0505, F	lorida Statut	es.			
SIGNATURE ,	Signature, typed or printed name of ingistered agent	and tilly if anyl cable /MC	TE: Begistered A	nont elegatura roc	urred when reinstating) DAT	-	
12.	OFFICERS AND		13.	goni algrature rec	ADDITIONS/CHANGES TO OFFICERS /		3S IN 12
TITLE	P	☐ DELETE	1.1 TITLE			Change	Addition
NAME	PLOTKIN, ALEXANDER		1.2 NAM				
STREET ADDRESS	702 FREMONT AVE			ET ADDRESS			
CITY-ST-ZIP	TAMPA FL		1.4 CITY				
TITLE	8	DELETE	2.1 TITLE		Secretary	Спапре	Addition
NAME	LAPIN, MAXWELL		2.2 NAME		Luxior maxwell		_
STREET ADDRESS	5291 HARBORSIDE DR		2.3 STRE	ET ADDRESS	LUDION HORMAN TON	<del>د</del> و	
CITY-ST-ZIP	Tampa Fl		2. 4 CITY		4AMA FC. 3364	~	
TITLE		DELETE	3.1 TITLE		( F:y//+   C   330	Change	Addition
NAME			3.2 NAME			<b>-</b> _	
STREET ADDRESS			3.3 STREI	T ADDRESS			
CITY-ST-ZIP			3.4. CITY				
TITLE		DELETE	4.1 TITLE			Change	Addition
NAME			4 2 NAM	[			
STREET ADDRESS			4.3 STREE	T ADDRESS			
CITY-ST-ZIP			44 CITY-	ST-ZIP			
TITLE		☐ DELET <b>e</b>	5.1 TITLE			Change	Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREE	T ADDRESS			
CITY - ST - ZIP			5.4 CITY -	S1-ZIP			
TITLE		☐ DELETE	6.1 TITLE			☐ Change	Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREE	T ADDRESS			
CITY-ST-ZIP			6.4 CITY-				
14. I hereby co	ertify that the information supplied with	this filing does not qualify t	for the exem	ption stated i	n Section 119.07(3)(i), Florida Statutes. I further	certify that the	information
officer or o	director of the corporation or the receive	rer or trustee empowered to	curate and the opening this	iai my signal report as re	ture shall have the same legal effect as if made quired by Chapter 607, Florida Statutes; and the	uncer oath; tha at my name ap	atiam an   pears in
Block 12 o	or Block 13 if changed, or on an atlact	novement with an aridress.		•			·