

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

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May 01 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000044152 (3)

1. Corporation Name
R. P. ICE, INC.



Principal Place of Business
C/O MANELLA, KLAPHOLZ & HOCHSZTEIN P.A.
2206 HOLLYWOOD BLVD
HOLLYWOOD FL 33020

Mailing Address
C/O MANELLA, KLAPHOLZ & HOCHSZTEIN P.A.
2206 HOLLYWOOD BLVD
HOLLYWOOD FL 33020-6702

3. Date Incorporated or Qualified
06/08/1995

3a. Date of Last Report
05/01/1996

2. Principal Place of Business
21 2500 Hollywood Boulevard
Suite, Apt. #, etc.
22 Suite 212
City & State
23 Hollywood, Florida
Zip
24 33020

2a. Mailing Address
26 2500 Hollywood Boulevard
Suite, Apt. #, etc.
27 Suite 212
City & State
28 Hollywood, Florida
Zip
29 33020

4. FEI Number
65-0598027

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
KLAPHOLZ, JOSEPH P
2206 HOLLYWOOD BLVD
HOLLYWOOD FL 33020

10. Name and Address of New Registered Agent

81 Name Joseph P. Klapholz, Esq.
82 Street Address (P.O. Box Number is Not Acceptable)
2500 Hollywood Boulevard
83 Suite 212
84 City Hollywood FL 85 Zip Code 33020

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: *Joseph P. Klapholz* Joseph P. Klapholz, Esq. DATE: 4/22/97

12. OFFICERS AND DIRECTORS

TITLE	DPST	<input type="checkbox"/> DELETE
NAME	ABRAMOVITCH, FRED	
STREET ADDRESS	19355 TURNBERRY WAY TH1	
CITY-ST-ZIP	N MIAMI BEACH FL 33020	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	JOSEPH P. KLAPHOLZ	
STREET ADDRESS	2206 HOLLYWOOD BLVD	
CITY-ST-ZIP	HOLLYWOOD FL 33020	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: *[Signature]* DATE: 4/22/97

CR2E034 (9/96)