

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 133684 (1)

1. Corporation Name

NEW WEST FLORIDA ICE COMPANY INC



Principal Place of Business

719 CATTLEMEN RD.
SARASOTA FL 34232

Mailing Address

719 CATTLEMEN RD.
SARASOTA FL 34232

3. Date Incorporated or Qualified
01/01/1939

3a. Date of Last Report
02/21/1995

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number
59-0375905

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

10. Name and Address of New Registered Agent

FERLISE, P F
1740 OAK LAKES DR
SARASOTA FL 34232

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 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

Signature typed or printed name of registered agent and first appearance

Signature typed or printed name of registered agent and first appearance

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

PD
FERLISE, P.F.
1740 OAK LAKES DR.
SARASOTA FL

DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

VD
LEVIN, ROSA LEE
4463 OAKVIEW DR.
SARASOTA FL

DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

T
LEVIN, ROSA LEE
3312 BURNING TREE DR
BIRMINGHAM AL

DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

S
FERLISE, ROSALIE
1740 OAK LAKES DR
SARASOTA FL

DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

Change Addition

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

Vice President
Felix A. Ferlise
2057 Misty Sunrise Trail
Sarasota, FL 34232

Change Addition

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

Change Addition

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

Change Addition

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

Change Addition

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

Change Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: P. F. Ferlise

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-13-96 941-371-2424

DATE

Daytime Phone

CR2E034 (12/95)