Mar 22, 1999 8:00 am Secretary of State

03-22-1999 90105 005 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 189781

 Corporation 	ICE PLUMBING SUPPLY C			E CARGO LIGOR PORTO DERIVI PORGI ELIZA ILIDIA ALGO	18 A 1831 A1811 A1811 A1811 A1821 (1881
	•				
Principal Place	e of Business	Mailing Address		1 188:01 11881 (\$118 1811 (\$2.01 1812) (1913)	
31 SW 57TH AVE P. O. BOX 440646 MIAMI FL 33144 MIAMI FL 33144			DO NOT WRITE IN TH	IIS SPACE	
US	•	US		3. Date Incorporated or Qualifed	
	•			12/27/1955	}
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number	· Applied For
21		26		59-0769555	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	•	5. Certifcate of Status Desired	- \$8.75 Additional
22	· · · · · · · · · · · · · · · · · · ·	27			Fee Required
City & State	e .	City & State		6. Election Campaign Financing	\$5.00 May Be Added to Fees
23	Country	28	Country	Trust Fund Contribution	
Zip	Country 25		30	This corporation owes the current year Personal Property Tax.	Intangible ☐ Yes ☐ No
24	9. Name and Address of Curre			10. Name and Address of New Registere	ed Agent
····			81 Name		
LAWRENCE, JOSEPH M			82 Street Ad	dress (P.O. Box Number is Not Acceptable)	
31 SW 57TH AVE		0.000	,		
MIAN	/II FL 33144		83		
			84 City		. 85 Zip Code
		17		F	
11. Pursuant to	to the provisions of Sections 607.05 egistered agent, or both, in the State on familiar with, and accept the oblig	02 and 607.1508, Florida Statute: e of Florida. Such change was au lations of Section 607.0505. Flori	s, the above-named co thorized by the corpora da Statutes	rporation submits this statement for the purpose tion's board of directors. I hereby accept the app	of changing its registered pointment as registered
agent. Fai	in tangent man, gina accopit and com	allond or, occion our local, rich	da Calatoo.	711	
SIGNATURE	(/_			3/9.00	7
SIGNATURE	Signature, typed or pointed name of registered ag	ent and title if applicable. (NOTE: I	Registered Agent signature requ	ired when reinstating) DATE	
SIGNATURE	Signature, typed printed name of registered ag		Registered Agent signature requ	3/9.00	
SIGNATURE 12. TITLE	Signature, type of printed name of registered ag OFFISERS A	ent and title if applicable. (NOTE: I	Registered Agent signature requ	ired when reinstating) DATE	AND DIRECTORS IN 12
SIGNATURE 12. IIILE NAME	Signature, typed pointed name of registered ap OFFISERS A PD LAWRENCE, JOSEPH M	ent and title if applicable. (NOTE: I	Registered Agent signature required 13.	ired when reinstating) DATE	AND DIRECTORS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typed pointed name of registered ap OFFISERS A PD LAWRENCE, JOSEPH M 31 SW 57TH AVE	ent and title if applicable. (NOTE: I	Registered Agent signature requests. 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	ired when reinstating) DATE	AND DIRECTORS IN 12
SIGNATURE 12. IIILE NAME	Signature, typed pointed name of registered ap OFFISERS A PD LAWRENCE, JOSEPH M	ent and title if applicable. (NOTE: I	Registered Agent signature requ 13. 1.1 TITLE 12 NAME	ired when reinstating) DATE	AND DIRECTORS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, types of profited name of registered ag OFFISERS A PD LAWRENCE, JOSEPH M 31 SW 57TH AVE MIAMI, FL 000000 STD	ent and title if applicable (NOTE: I	Registered Agent signature requests. 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	ired when reinstating) DATE	AND DIRECTORS IN 12 Change Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, types of political name of registered ag OFFISERS A PD LAWRENCE, JOSEPH M 31 SW 57TH AVE MIAMI, FL 00000	ent and title if applicable (NOTE: I	Registered Agent signature required 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE	ired when reinstating) DATE	AND DIRECTORS IN 12 Change Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, types of profited name of registered age OFFISERS AND PD LAWRENCE, JOSEPH M 31 SW 57TH AVE MIAMI, FL 000000 STD LAWRENCE, KAREN	ent and title if applicable (NOTE: I	Registered Agent signature required 13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME	ired when reinstating) DATE	AND DIRECTORS IN 12 Change Addition Change Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, types of projected age OFFISERS AN OFFIS	ent and title if applicable (NOTE: I	Registered Agent signature required 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS	ired when reinstating) DATE	AND DIRECTORS IN 12 Change Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, types opinited name of registered ap OFFISERS A PD LAWRENCE, JOSEPH M 31 SW 57TH AVE MIAMI, FL 00000 STD LAWRENCE, KAREN 31 SW 57TH AVE MIAMI FL D LAWRENCE, JILL	ent and title if applicable: (NOTE: I	Registered Agent signature required 13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	ired when reinstating) DATE	AND DIRECTORS IN 12 Change Addition Change Addition
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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.

6.4 CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/99 305-266-157/