


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

FILED

Sep 29 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F67867  
1. Corporation Name  
JACK FROST, INC

Principal Place of Business Mailing Address  
2001 N.W. 84<sup>TH</sup> TERRACE  
PEMBROKE PINES, FL 33024

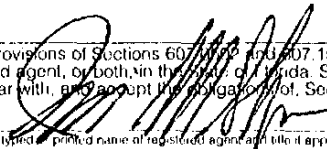
"AMENDED"

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 799 NE 72 ST Suite, Apt. #, etc. 22 City & State 23 MIAMI, FL 24 Zip 33138 25 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30	3. Date Incorporated or Qualified FEB 18 1982 4. FEI Number 59-2165150 Applied For Not Applicable 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent JOHN PAUL KRONENWETTER 2001 NW 84 <sup>TH</sup> TERRACE PEMBROKE PINES, FL 33024	10. Name and Address of New Registered Agent 81 Name IRWIN M. SHAPIRO 82 Street Address (P.O. Box Number is Not Acceptable) 799 NE 72 <sup>ND</sup> STREET 83 City MIAMI FL 85 Zip Code 33138
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11. Pursuant to the provisions of Sections 607.009 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 obligation of, Section 607.0505, Florida Statutes.

SIGNATURE  IRWIN M. SHAPIRO JULY 1 1998  
(NOTE: Registered Agent Signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DIRECTOR / PRESIDENT <input checked="" type="checkbox"/> DELETE	11 TITLE	P/D <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOHN PAUL KRONENWETTER	12 NAME	IRWIN M. SHAPIRO
STREET ADDRESS	2001 NW 84 <sup>TH</sup> TERRACE	13 STREET ADDRESS	799 NE 72 <sup>ND</sup> STREET
CITY-ST-ZIP	PEMBROKE PINES FL 33024	14 CITY-ST-ZIP	MIAMI, FL 33138
TITLE	SECRETARY / TREASURER <input checked="" type="checkbox"/> DELETE	21 TITLE	S/T <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PHYLLIS KRONENWETTER	22 NAME	FERNE N. SHAPIRO
STREET ADDRESS	2001 NW 84 <sup>TH</sup> TERRACE	23 STREET ADDRESS	799 NE 72 <sup>ND</sup> STREET
CITY-ST-ZIP	PEMBROKE PINES, FL 33024	24 CITY-ST-ZIP	MIAMI, FL 33138
TITLE	<input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	100002652721
STREET ADDRESS		53 STREET ADDRESS	-09/30/98--01077--020
CITY-ST-ZIP		54 CITY-ST-ZIP	***70.00
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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.

SIGNATURE  IRWIN M. SHAPIRO 30677-5250

CR2E034 (10/97)