

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F94000001700 (3)

1. Corporation Name

SOUTHWESTERN ICE, INC.



Principal Place of Business

Mailing Address

4425 W OLIVE AVE
SUITE 310
GLENDALE FL 85302
US

4425 W OLIVE AVE
SUITE 310
GLENDALE FL 85302
US

3. Date Incorporated or Qualified
04/04/1994

3a. Date of Last Report
02/10/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number
86-0698522

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 type for principal, officer, director, agent and the applicable

(NOTE: Registered Agent's signature is required whenever changing)

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE CCEO ☐ DELETE

NAME MILLER, ROBERT G
STREET ADDRESS 4425 W OLIVE AVE STE 310
CITY-ST-ZIP GLENDALE AZ

TITLE PVC ☐ DELETE

NAME BERNSTEIN, ALAN S
STREET ADDRESS 4425 W OLIVE STE 310
CITY-ST-ZIP GLENDALE AZ

TITLE SD ☐ DELETE

NAME BERNSTEIN, BETTY R
STREET ADDRESS 4425 W OLIVE AVE STE 310
CITY-ST-ZIP GLENDALE AZ

TITLE VPAS ☐ DELETE

NAME NEAL, JOHN
STREET ADDRESS 4425 W OLIVE AVE STE 310
CITY-ST-ZIP GLENDALE AZ

TITLE CFO ☐ DELETE

NAME JOHNSON, DALE M
STREET ADDRESS 4425 W OLIVE AVE STE 310
CITY-ST-ZIP GLENDALE AZ

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

700001896807
-07/17/96--01072--009
***225.00

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date