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



FLORIDA DEPARAMENT OF STATE Sandra B Mortham

Secretary of State

1	1996		DIVISION OF	CORPORAT	101	NS				
DOCUN 1. Corporation	MENT # F94000	00017	00 (3)							
SOUTHV	WESTERN ICE, INC.						LANGUAN MAN CRUL O'DIN ROMA CAMIN DO	ı Bürli Baidi i	an ikan kani sah	1 5 01
Principal Place	Principal Place of Business Ma			lailing Address			i 1861766 (196)Atts didit adisi battı edi	1 188111 88181 1	INII INNII NNII NNII	1941
4425 W OLIVE	AVE	4425 W	OLIVE AVE							
SUITE 310	acana		SUITE 310 Glendale Fl 85302				Data (see a control or Chaple of	las Dat	e of Last Repor	 I
US	GLENDALE FL 85302 US		US				 Date Incorporated or Qualified 04/04/1994 	4	0/1995	
2 Procinal Pl	ace of Business	2a. Maili	ng Address				4. FEI Number) 	Applie	d For
1		26		,			86-0698522	.		plicable
Suite, Apt. #, etc.		Suite, Apt. #, etc					5. Certificate of Status Desired		\$8.75 Addit	
City & State	2	27 City	& State				6. Election Campaign Financing		\$5.00 May	/ Be
23 City & State		28					Trust Fund Contribution	Щ	Added to Fe	es
Zip	Country	Zip		Cour	ntry		This corporation has liability for Florida Statutes	ritangible t	ax under s. 199 - No	1032
24	25 9. Name and Address of Currer	29 nt Registered	Agent	30			10. Name and Address of New Re			
C T CORPORATION SYSTEM					81	Name				
1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				1	82	Street Add	iress (P.O. Box Number is Not Acceptat	de)		
				}	83	ļ				
					0.5				Tala	
					84	/		FL	85 Z ip Cod	
SIGNATURE	Styrative typo temperal it and in representati	port and the if appli	tale (3)	iÖlk Registerer			poration submits this statement for the p bion's board of directors. Thereby accept and when recalling)	DAIL		
J 2.	OFFICERS AN	ND DIRECTOR	S DELETE	13.	71 0		ADDITIONS/CHANGES TO OFFI	JERS AND	Change Change	Add tion
TITLE NAME	CCEO MILLER, ROBERT G		L DECEME	12 N/						
name. •Street address	4425 W OLIVE AVE STE 310	•				I ADDRESS				
CITY-ST-ZIP	GLENDALE AZ			1.4 CI	ΙΥ - S	ST-ZIP			T. Ch-040 T	Add tion
TITLE	PVC		DELFTE	2 1 JI		ļ		L	Change [Maid add
NAME	BERNSTEIN, ALAN S 4425 W OLIVE STE 310			22N		LADDRESS				
STREET ADDRESS CITY-ST-ZIP	GLENDALE AZ					-S1 - ZiP				
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NAME	BERNSTEIN, BETTY R			32 N						
STREET ADDRESS)		l.		I ADDRESS				
CITY-ST-ZIP TITLE	GLENDALE AZ VPAS		DELETE	417		- S1 - ZIP		[Change	Addit on
NAME	NEAL, JOHN		the second	4 21		Ĭ				
STREET ADDRESS	4425 W OLIVE AVE STE 310)				FT ADDRESS				
C:TY-ST-ZIP	I ALCHOALC 47			■ 4 × 2	utv.	-ST - ZIP				
	GLENDALE AZ		DELETE						Change	acribbA
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TITLE	CFO JOHNSON, DALE M	0		51T 52M 53S	ITLE NAME STHEE	:				
TITLE NAME STREET ADORESS	CFO JOHNSON, DALE M 4425 W OLIVE AVE STE 310	0	DELETE	51T 52h 53S 54C 61T	ITLE LAME STHEE CITY -	FT ADDRESS -ST-7IP	7000018: -02/17/9601	968 1720	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO JOHNSON, DALE M 4425 W OLIVE AVE STE 310 GLENDALE AZ	D		511 52h 538 540 611 62h	ITLE LAME STHEE CITY - TITLE NAME	FT ADDRESS -ST-7IP	700018: -07/17/9601: ***225.00	368)720	Change	

6.4 CITY - ST - ZIP 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 agree office or director of the corporation or the receiver or trusted empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Nock 12 or Brock 3 if changed or on an attachment with an address CITY-ST-ZIP

SIGNATURE:

NATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR