

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

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Jan 23 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 # J03180

(3) filed 12/31/97

1. Corporation Name

~~IOZZINO CORPORATION OF FLORIDA~~

IMAGE CREATIONS OF FLORIDA, INC.  
D/B/A ICE

Principal Place of Business

Mailing Address

10558 75TH STREET. N.  
LARGO FL 33777  
US

10558 75TH STREET. N  
LARGO FL 34647  
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 10740 76TH COURT	26 10740 76TH COURT
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State LARGO, FL	28 City & State LARGO, FL
24 Zip 33777	25 Country PINELLAS
29 Zip 33777	30 Country PINELLAS

3. Date Incorporated or Qualified 03/11/1986
4. FEI Number 59-2697385
5. Certificate of Status Desired <input 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

9. Name and Address of Current Registered Agent IOZZINO, LOUIS E. 13111 BOCA CEIGA AVE. MADEIRA BCH FL 33708	10. Name and Address of New Registered Agent 81 Name JOHN R. ALBRECHT 82 Street Address (P.O. Box Number is Not Acceptable) 10740 76TH COURT 83 84 City LARGO FL 85 Zip Code 33777
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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  JOHN R. ALBRECHT, PRES. 1-15-98  
(NOTE: Registered Agent signature required when reappointing) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT IOZZINO, LOUIS 1311 BOCA CEIGA AVE MADEIRA BCH FL <input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	PT ALBRECHT, JOHN R. 4900 61ST AVE SO ST. PETERSBURG, FL 33715 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS IOZZINO, MARY 13111 BOCA CEIGA AVE MADEIRA BCH FL <input checked="" type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	VS ALBRECHT, LINDA S. 4900 61ST AVE SO ST. PETERSBURG, FL 33715 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 700002410027 -01/23/98--01030--009 ***150.00

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:  JOHN R. ALBRECHT, PRES. 1-15-98 813-545-1076

CR2E034 (10/97)