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Apr 11 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # J75119 (4)

1. Corporation Name  
ICE CREAM & FUN, INC.



Principal Place of Business  
2300 W 68TH ST  
#120  
HALEAH FL 33016  
US

Mailing Address  
2393 WEST 68TH PLACE  
#120  
HALEAH FL 33016-9877  
US

3. Date Incorporated or Qualified  
05/28/1987

3a. Date of Last Report  
04/29/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number 59-2811212	Applied For <input type="checkbox"/> Not Applicable
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
22. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
23. Zip	28. Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
24. Country	29. Country		

9. Name and Address of Current Registered Agent

RIVERA, MANUEL  
2361 W 68TH PL  
HALEAH FL 33016

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

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]* DATE: 4-7-97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE	2. NAME	1.1 TITLE	1.2 NAME
3. STREET ADDRESS	4. CITY - ST - ZIP	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP
5. TITLE	6. NAME	2.1 TITLE	2.2 NAME
7. STREET ADDRESS	8. CITY - ST - ZIP	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP
9. TITLE	10. NAME	3.1 TITLE	3.2 NAME
11. STREET ADDRESS	12. CITY - ST - ZIP	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP
13. TITLE	14. NAME	4.1 TITLE	4.2 NAME
15. STREET ADDRESS	16. CITY - ST - ZIP	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP
17. TITLE	18. NAME	5.1 TITLE	5.2 NAME
19. STREET ADDRESS	20. CITY - ST - ZIP	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP
21. TITLE	22. NAME	6.1 TITLE	6.2 NAME
23. STREET ADDRESS	24. CITY - ST - ZIP	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP

14. I do 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: *[Signature]* DATE: 4-7-97 DAYTIME PHONE: 821-5686

CR2E034 (9/96)