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Apr 10 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 # **K27272** (9)

1. Corporation Name:

NAPLES ICE CREAM FACTORY, INC.



Principal Place of Business

**318 TAMiami TrL N
NAPLES FL 33940
US**

Mailing Address

**C/O PORTER WRIGHT MORRIS & ARTHUR
4501 TAMiami TRAIL N S400
NAPLES FL 34103-3080
US**

3. Date Incorporated or Qualified

06/23/1988

3a. Date of Last Report

05/01/1996

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

30

4. FEI Number

65-0065760

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

**WILSON, GARY K.
4501 TAMiami TrL N
S400
NAPLES FL 33940**

10. Name and Address of New Registered Agent

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 of the person named in Block 9, provided name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

DP

DELETE

NAME

DINGER, ARTHUR

STREET ADDRESS

175 KINGS WAY

CITY-STATE-ZIP

NAPLES FL

TITLE

DV

DELETE

NAME

DINGER, MARGARET

STREET ADDRESS

175 KINGS WAY

CITY-STATE-ZIP

NAPLES FL

TITLE

DT

DELETE

NAME

DINGER, KEVIN

STREET ADDRESS

3454 DORADO WAY

CITY-STATE-ZIP

NAPLES FL

TITLE

DS

DELETE

NAME

DINGER, LINDA

STREET ADDRESS

3454 DORADO WAY

CITY-STATE-ZIP

NAPLES FL

TITLE

DELETE

NAME

DELETE

STREET ADDRESS

DELETE

CITY-STATE-ZIP

DELETE

TITLE

DELETE

NAME

DELETE

STREET ADDRESS

DELETE

CITY-STATE-ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

Change

Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE

Change

Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE

Change

Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE

Change

Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE

Change

Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE

Change

Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-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 from an attachment with an address.

SIGNATURE:

ARTHUR DINGER
PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-3497

Date

941-434-6994

Daytime Phone #

CR2E034 (9/96)