

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. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L89667** (4)
1. Corporation Name
TROPICAL ICE INTERNATIONAL, INC.



Principal Place of Business Mailing Address
3913 BROWN AVENUE
SARASOTA FL 34231

3. Date Incorporated or Qualified **07/25/1990** 3a. Date of Last Report **08/24/1995**
4. FEI Number **59-3023352** Applied For
Not Applicable
5. Certificate of Status Desired ☐ **\$8.75 Additional**
Fee Required
6. Election Campaign Financing ☐ **\$5.00 May Be**
Trust Fund Contribution Added to Fees
8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business 2a. Mailing Address
21 **1715 Independence Blvd** 26
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **Suite 8** 27
City & State City & State
23 **Sarasota FL** 28
Zip Country Zip Country
24 **34234** 25 **SARASOTA** 29 30

9. Name and Address of Current Registered Agent

KIRTLEY, WILLIAM T.
1800 SECOND STREET
SUITE 903
SARASOTA FL 34236

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 *Mary Sciarretta* **MARY SCIARRETTA, Sec.**
Signature, typed or printed name of registered agent and title (Applicable) (NOTE: Registered Agent signature required when reinstating) (Date)

12. OFFICERS AND DIRECTORS

| TITLE | NAME | STREET ADDRESS | CITY - ST - ZIP | DELETE |
|-------|------------------|----------------------|-----------------|--------------------------|
| P | SCIARRETTA, WM. | 6724 3RD ST. CT., W. | BRADENTON FL | <input type="checkbox"/> |
| ST | SCIARRETTA, MARY | 6724 3RD ST. CT., W. | BRADENTON FL | <input type="checkbox"/> |
| VP | SCIARRETTA, MARY | 6724 3RD ST. CT., W. | BRADENTON FL | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| TITLE | NAME | STREET ADDRESS | CITY - ST - ZIP | Change | Addition |
|-------|------|----------------|-----------------|--------------------------|--------------------------|
| 1.1 | 1.2 | 1.3 | 1.4 | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.1 | 2.2 | 2.3 | 2.4 | <input type="checkbox"/> | <input type="checkbox"/> |
| 3.1 | 3.2 | 3.3 | 3.4 | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.1 | 4.2 | 4.3 | 4.4 | <input type="checkbox"/> | <input type="checkbox"/> |
| 5.1 | 5.2 | 5.3 | 5.4 | <input type="checkbox"/> | <input type="checkbox"/> |
| 6.1 | 6.2 | 6.3 | 6.4 | <input type="checkbox"/> | <input type="checkbox"/> |

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 am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Mary Sciarretta* **MARY SCIARRETTA**
Signature and typed or printed name of signing officer or director

8-5-96

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CR2E034 (3/96)