


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 15, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P02000063959</b> 1. Entity Name ARCTIC FUN, INC.	
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Principal Place of Business  
4601 NORTH FEDERAL HWY  
POMPANO BEACH, FL 33064

Mailing Address  
953 HYACINTH DRIVE  
DELRAY BEACH, FL 33483



02052004 No Chg-P CR2E034 (10/03)

4. FEI Number 04-3686396	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

BLOCH, STUART E ESQ.  
BLOCH, MINERLEY & FEIN, P.L.  
980 N. FEDERAL HIGHWAY, SUITE 412  
BOCA RATON, FL 33432

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be**  
**Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	JACOVITZ, HAL M
STREET ADDRESS	953 HYACINTH DRIVE
CITY - ST - ZIP	DELRAY BEACH, FL 33483

TITLE	D
NAME	JACOVITZ, PAULA
STREET ADDRESS	953 HYACINTH DRIVE
CITY - ST - ZIP	DELRAY BEACH, FL 33483

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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CITY - ST - ZIP	

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04/15/04-80025-003 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/04

954 9431437

Date

Daytime Phone #