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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P29420

(7)

FILED
Jan 29 1998 8:00am
Secretary of State

	ICY EQUITIES, LTD, INC.	· (//				
Principal Plac		Mailing Address				11914 <b>91911 91911 91911 91911</b> 1 <b>991</b>
P.O. BOX 2665 P.O. BOX 2665 PALM BEACH FL 33480 PALM BEACH FL 33480						
1110000		CHEMI DENGTI LE GOTO			DO NOT WRITE IN TH	IS SPACE
					3. Date Incorporated or Qualified	1
<b>A D</b> 1 1 1 1 D	Name of Davids				05/18/1990	
· ·	Place of Business	2a. Mailing Address			4. FEI Number	Applied For
21   26   Suite, Apt. #, etc.   Suite, Apt. #, etc.				· · · · · · · · · · · · · · · · · · ·	63-1015257	Not Applicable  \$8.75 Additional
22					6. Certificate of Status Desired	Fee Required
City & State City & State					Election Campaign Financing	\$5.00 May Be
23		28	28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Count	ry	8. This corporation owes or has paid the	current year Intaggible
24	25	29	30		Personal Property Tax due June 30.	☐ Yes No
	g. Name and Address of Curre	nt Registered Agent		.,	10. Name and Address of New Register	ed Agent
	EBLING, RICHARD L.		}8	1 Name	N/A	
	BAY HARBOR RD.		8	2 Street Ad	dress (P.O. Box Number is Not Acceptable)	
TE	QUESTA FL 33489		<u> </u>			
			В	3)		
			8	4 City	-	85 Zip Code
dd Dweyent	to the provisions of Postune 607 00	00 and 007 IEO0 Etarida Ptat.	des the obs	1	F	<b>-</b> ' '
office or r	egistered agent, or both, in the State m familiar with, and accept the oblig	oz and 607.1308, Florida State of Florida. Such change was astions of Section 607.0505. F	authorized l lorida Stalut	by the corpores.	rporation submits this statement for the purpose ation's board of directors. I hereby accept the a	appointment as registered
SIGNATURE		V/A				
	Signature, typed or printed name of registered ag			gent signature req	pried when reinstating) DATE	
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A	
TITLE			1.1 TITLE	ļ.		Change Addition
NAME	DILLARD, JOEL E.		1.2 NAMI			}
STREET ADDRESS	19 BAY HARBOR RD.			ET ADDRESS		Į.
CITY-ST-ZIP TITLE			2.1 HTLE			Change Addition
NAME			2.2 NAMI	ì		
STREET ADDRESS	19 BAY HARBOR RD.			ET ADDRESS		
CITY-ST-ZIP	TEQUESTA FL 33469		2. 4 CITY	i	**	
TITLE			3 1 TITLE			Change Addition
NAME		•	3.2 NAME			
STREET ADDRESS			3.3 STRE	ET ADDRESS		
CITY-ST-ZIP			3,4. CITY	- ST-7IP		
TITLE		☐ DELETE	4.1 TITLE			Change Addition
NAME			4 2 NAM	E		
STREET ADDRESS			4.3 STRF	FT ADDRESS		
CITY-ST-ZIP			4.4 CITY	-ST-ZIP		
TITLE		DELETE	5.1 TITLE			☐ Change ☐ Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREI	ET ADDRESS		
CITY-ST-ZIP			5 4 CITY-			
TITLE		☐ DELETE	6.1 TITLE			Change Addition
NAME			6.2 NAME	- 1		
STREET ADDRESS			1	1 ADDRESS		
CITY-ST-ZIP			64 CITY-	ST-ZIP		

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 suppliemental 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.

in the day

1- 17-9R .

561 575 650