

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P93000002413 (1)

1. Corporation Name

PANAMA ICE, INC.



Principal Place of Business

1904 N. 39TH AVE  
HOLLYWOOD FL 33031  
US

Mailing Address

1904 N 39TH AVE  
APT. 308  
HOLLYWOOD FL 33021  
US

2. Principal Place of Business

21 1904 N. 39TH AVE

Suite, Apt. #, etc.

22 HOLLYWOOD, FL

City & State

23 Zip 33021

Country

25 US

2a. Mailing Address

26 1904 N 39TH AVE

Suite, Apt. #, etc.

27 HOLLYWOOD, FL

City & State

28 Zip 33021

Country

30 US

3. Date Incorporated or Qualified

01/12/1993

3a. Date of Last Report

05/01/1995

4. FEI Number

65-0381367

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$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

GREENBERG, STEVEN R  
2033 MAIN ST.  
SUITE 402  
SARASOTA FL 34237

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, typed or printed name of registered agent (not applicable)

(Not for Registered Agent signature required when not changing)

DATE

12. OFFICERS AND DIRECTORS

TITLE D  
NAME STRICKMAN, HOWARD L  
STREET ADDRESS 8170 CLEARY BLVD #1703  
CITY - ST - ZIP PLANTATION FL ☐ DELETE

TITLE D  
NAME STRICKMAN, SYDELLE  
STREET ADDRESS 8170 CLEARY BLVD. #1703  
CITY - ST - ZIP PLANTATION FL ☐ DELETE

TITLE D  
NAME HOFMAN, JENNIFER  
STREET ADDRESS 8170 CLEARY BLVD. #1703  
CITY - ST - ZIP PLANTATION FL ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - 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 - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13, unchanged, or on an attachment with an address.

SIGNATURE:

Sydelle Strickman  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/96

305-966-3739

CR2E034 (12/95)