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

PROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT # 1. Corporation Name

P93000042570 (0)

S & T	ICE CORPORATION, INC.					
Principal Place of	of Business	Mailing Address				11 60 111 00 111 81010 11001 61611 10011 6011 1001
		3300 SE 77H STREE POMPANO BEACH F				
					3. Date Incorporated or Qualified 06/16/1993	3a. Date of Last Report 05/01/1995
. Principal Place of Business 2a. Mailing Address 26				4. FEI Number 65-0419705	Applied For Not Applicable	
Suite, Apt. #, etc. Suite, Suite, Suite, Apt. #, etc. 22 27		Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 14	Country Zip 25 29		Country 30	Country 8. This corporation has liability for intangible tax under s 199,032, Florida Statutes Yes No		-
	9. Name and Address of Currer	it Registered Agent	····		10. Name and Address of New R	egistered Agent
	30 4		81	Name		
TOKARZ	Z, STANLEY		82	Charle	(D.O. Dow Murrillion in Not Associated	
3300 SE 7TH STREET			02	Street Addi	Address (P.O. Box Number is Not Acceptable)	
POMPA	NO BEACH FL 33062		83			
			84	Crtv		loc I Za Carta
			64	City		FL 85 Zip Code
or registere	the provisions of Sections 607,0502 diagent, or both, in the State of Flori , and accept the obligations of, Sect	da. Such change was authoriz	zed by the corp	named corpor poration's boa	ration submits this statement for the purp rd of directors. I hereby accept the appo	pose of changing its registered office intruent as registered agent. I am
SIGNATURE						
	gualture, typed or ponted name of registeric agest		Olf, Høystered Age	ritis gradure require		DATE
12.		D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFI	
THILE	PD STANIEW	☐ DELETE	1 1 THUE			Change Maddition
NAME	TOKARZ, STANLEY		1 2 NAME			
STREE! ADDRESS	3300 SE 7TH STREET	•		T ADDRESS		
CITY-ST-ZIP TITLE	POMPANO BEACH FL 3306 VD	Z □ DELETE	1.4 CITY -:	ST ZiP		Changy El Addition
	TOKARZ, TERESA 3300 SE 7TH STREET POMPANO BEACH FL 33062		2 1 TITLE			Change Maddition
NAME CONCER ADDRESS			2.2 NAME 2.3 STREET ADDRESS			
STREET ADDRESS						
C-TY-ST-Z-P TIFLE	DELETE		2.4 C/TY - 5 3.1 T/TLE	51 - 7:1"	·	☐ Change ☐ Addition
NAME		better	3.2 NAME			
STREET ADDRESS				T ADDRESS		
CITY-ST-ZIP			3 4 CITY - 1			
TITLE	☐ DELETE		4 1 TiTLE	51-211		Change Addition
NAME		L	4.2 NAME			C. swange
STREET ADDRESS			4.3 STREE	LADDRESS		
CITY-ST-ZIF			4 4 CITY - 1			
TITLE	DELETE		5 I TITLE			Change Addition
NAME			5.2 NAME			
STREET ADDRESS			5 3 STREE	LADDRESS		
CITY-ST-ZIP	1		5 4 CITY - 1			
TITLE	W-/	DELETE	6 1 TIFLE			Change Addition
NAME		6		-	tund V Supl Comment	
STREET ADDRESS			6 3 STREE	T ADORESS		
CITY - ST - ZIP			6.4 City - !			
14. I do hereby	certify that the information supplied	with this filing is voluntarily furr	nished and doc	s not qualify f	or the exemption stated in Section 119.0	07(3)(k), Florida Statutes. I further

certify that the information inflocated on this atmital 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 trueted 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 eddress

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR CIRECTOR

CR2E034 (12/95)