FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR -4 AM 10:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000077886 (8)**

1. Corporation Name

ARTIC CRYSTAL ICE CORPORATION

Principal Place of Business	Mailing Address
335 N. CONGRESS AVENUE DELRAY BEACH FL 33444	3210 ST. CHARLES PLACE BOCA RATON FL 33434
CONNECT	CONNECT

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 11/10/1993
3a. Date of Last Report: 02/07/1994

2. Principal Place of Business	2a. Mailing Address
21 335 N. Congress Ave	26 3210 ST Charles Place
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Delray Beach, FL 33444	28 City & State: Boca Raton, Florida
24 Zip: 33444 25 Country: Palm Beach	29 Zip: 33434 30 Country: Palm Beach

4. FEI Number: APPLIED FOR 650450528 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$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

BIGGS, ARTHUR E
3210 ST. CHARLES PLACE
BOCA RATON FL 33434

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DC	11 TITLE		☐ Change ☐ Addition
NAME	BIGGS, ARTHUR E	12 NAME		
STREET ADDRESS	3210 ST. CHARLES PLACE	13 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL 33434	14 CITY-ST-ZIP		
TITLE	DSV	21 TITLE		☐ Change ☐ Addition
NAME	BIGGS, CHARLOTTE E	22 NAME		
STREET ADDRESS	3210 ST. CHARLES PLACE	23 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL	24 CITY-ST-ZIP		
TITLE	DV	31 TITLE	DP	☑ Change ☐ Addition
NAME	BIGGS, WILLIAM E	32 NAME	Biggs William E.	
STREET ADDRESS	17052 BOCA CLUB BLVD.	33 STREET ADDRESS	17052 Boca Club Bl	
CITY-ST-ZIP	BOCA RATON FL	34 CITY-ST-ZIP	Boca Raton, Florida	
TITLE	DV	41 TITLE		☐ Change ☐ Addition
NAME	BIGGS, ARTHUR E., III	42 NAME		
STREET ADDRESS	1099 SW 4TH ST.	43 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL	44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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)(i), 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 if changed, or on an attachment with an address.

SIGNATURE: Arthur E Biggs 3/31/95 407-994-5862

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000041 CP