FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P94000024618 (8)**

1. Corporation Name
ICETRAN, INC.

Principal Place of Business	Mailing Address
3990 CAPE COLE BLVD. PUNTA GORDA FL 33955	3990 CAPE COLE BLVD. PUNTA GORDA FL 33955

3. Date Incorporated or Qualified: **03/31/1994**
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24:
Country — 25:
Zip — 29:
Country — 30:

4. FEI Number: **59-3237899** ☐ 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

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS ST.
SUITE 105
TALLAHASSEE FL 32301

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: Einar Olafsson — 3/5/96
Signature, typed or printed name of registered agent — Name of New Registered Agent (if changed) — Date

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	11 TITLE		☐ Change ☐ Addition
NAME	OLAFSSON, EINAR		12 NAME		
STREET ADDRESS	3990 CAPE COLE BLVD.		13 STREET ADDRESS		
CITY-ST-ZIP	PUNTA GORDA FL 33955		14 CITY-ST-ZIP		
TITLE	T	☐ DELETE	21 TITLE		☑ Change ☐ Addition
NAME	HELGASON, GUDMUNDUR J		22 NAME	HELGASON, GUDMUNDUR J.	
STREET ADDRESS	VESTURSIRREND 8		23 STREET ADDRESS	VESTURSTROND 8	
CITY-ST-ZIP	IFO SELTJARNARNES IC		24 CITY-ST-ZIP	170 SELTJARNARNES, ICELAND	
TITLE	S	☐ DELETE	31 TITLE		☑ Change ☐ Addition
NAME	SIGURMUNDSON, ULFUR		32 NAME		
STREET ADDRESS	HAALESTISBRAUT 107-108		33 STREET ADDRESS	HAALEITISBRAUT 107	
CITY-ST-ZIP	REYNJAVIK IC		34 CITY-ST-ZIP	108 REYKJAVIK, ICELAND	
TITLE	VP	☐ DELETE	41 TITLE		☑ Change ☐ Addition
NAME	KJARIANSSON, THORARINN		42 NAME	KJARTANSSON, THORARINN	
STREET ADDRESS	MYRARAS 15		43 STREET ADDRESS	MYRARAS 15	
CITY-ST-ZIP	NO REKJARIK IC		44 CITY-ST-ZIP	110 REYKJAVIK, ICELAND	
TITLE		☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE		☐ DELETE	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: Einar Olafsson EINAR OLAFSSON — 3/5/96 — 941-637-5960
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)