## 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 # P94000031128 (9)

BARRELS OF ICE CREAM, INC.

## **FILED** Apr 13 1998 8:00am Secretary of State



Principal Place of Business Mailing Address						I INNIIAME IIA INII AENLI RELII ARIII I	18ff1 <b>48</b> f <b>48</b> 1111	U DIRBY DIRBY IA	##1 ##41 (##)	
2635 YARMOUTH DR. 2635 YARMOUTH DR.										
WEST PALM BEACH FL 33414 WEST PALM BEACH FL 3				_ 33414			DO NOT WRITE IN THIS SPACE			
							3. Date Incorporated or Qualified		JI 7/OL	
							04/25/1994			
2. Principal Place of Business			2a. Mailing Address				4. FEI Number		A	pplied For
21			26				65-0492906			
Suite, Apt. #, etc.			Suite, Apt. #, etc.				5. Certificate of Status Desired			Additional
22		27							lequired	
City & State			City & State			6. Election Campaign Financing			May Be	
Zip Country			28							
24	25		30			8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No				
9. Name and Address of Current F			stered Agent				10. Name and Address of New Registered Agent			
BE	RNSTEIN, BARRY R				81	Name				
2635 YARMOUTH DR.					82	Stroot Addr	ess (P.O. Box Number is Not Acceptable)			
WEST PALM BEACH FL 33414			<b>62</b> Stiebt A		Street Addi	ess (F.O. Box Number is Not Accepte	1016)			
					83					
					84	City	:		85 Zip	Code
						L		<u>FL</u>		
office or re	egistered agent, or both m familiar with, and acc	i, in the State of Flor cept the obligations o	rida. Such change was of, Section 607.0505, f	authorize Florida Stat	d by lutes	the corporal	oration submits this statement for the ion's board of directors. I hereby according to the control of the cont	ept the app	ointment as	ts registered registered
12.	Signature, typed or ponted name	of registered agont and fill		11: Registere	d Age	ent signature requir	ed when reinstating) ADDITIONS/CHANGES TO OFF	DATE CERS AND	DIRECTOL	BS INI 12
TITLE	<del></del>	LI OCTIO VIOLE	DELETE	1.1 TI	TLF		ADDITIONS/CHANGES TO OFF	ICENS AINE	Change	Addition
NAME	BERNSTEIN, BARRY R			1.2 NAME						
STREET ADDRESS	2635 YARMOUTH			1.3 ST	REET	ADDRESS				]
CITY-ST-ZIP	WEST PALM BEA	CH FL 33414		1.4 CI	TY-S	I-ZiP				
TITLE	<del>-</del>		DELETE	2 1 TI	21 TITLE				☐ Change	Addition
NAME	BERNSTEIN, PAUL E		221		22 NAME					İ
STREET ADDRESS	2635 YARMOUTH			2351	REET	ADDRESS				
CITY-ST-ZIP	WEST PALM BEA	JH FL 33414	D BELET			ST-ZIP			T   05.444	T Labora
TITLE			∟] DELETE	3.1 TI					☐ Change	☐ Addition
NAME STREET ADDRESS				3.2 N/		ADDRESS				
CITY-ST-ZIP						ST-ZIP				
TITLE			DELETE	4.1 TI		21-41			Change	Addition
NAME				4. 2 N						
STREET ADDRESS						ADDRESS				
CITY-ST-ZIP				4.4 CI		1				
TITLE			☐ DELETE	5.1 70	TLE		4-3-4-1		☐ Change	Addition
NAME				5.2 NA	ME					
STREET ADDRESS				5.3 ST	REET	ADDRESS				
CITY-ST-ZIP				5.4 CI		1 - ZIP				
TITLE			☐ DELETE	6.1 TI					Change	☐ Addition
NAME				6.2 NA						
STREET ADDRESS						ADDRESS				
CITY-ST-ZIP		There is a second and the second		64 CF	IY-S	1 - 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 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 ompowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if chapter 607, or on an attachment with an address.

Tringel.