

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **P94000044489 (0)**

1. Corporation Name

**PLANET ICE FAMILY FUN CENTER, INC.**



Principal Place of Business

Mailing Address

**3960 RCA BLVD  
SUITE 6002  
PALM BEACH GARDENS FL 33410  
US**

**3960 RCA BLVD  
SUITE 6002  
PALM BEACH GARDENS FL 33410  
US**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc

26 Suite, Apt #, etc

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PERDICARO, CHARLES  
9910 ALTERNATE A1A  
SUITE 700  
PALM BEACH GARDENS FL 33410**

81 Name **PERDICARO, Charles**

82 Street Address (P.O. Box Number is Not Acceptable)

**3960 RCA BLVD**

83 **SUITE 6002**

84 City

**PALM BEACH GARDENS FL**

85 Zip Code

**33410**

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 type for principal of registered agent and the applicable

(Note: Registered Agent signature required after registration)

Exit

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE  
NAME **PERDICARO, CHARLES**  
STREET ADDRESS **9910 ALTERNATE A1A, SUITE 700**  
CITY-ST-ZIP **PALM BEACH GARDENS FL 33410**

11 TITLE ☒ Change ☐ Addition  
12 NAME  
13 STREET ADDRESS **3960 RCA BLVD - STE 6002**  
14 CITY-ST-ZIP **PALM BEACH GARDENS, FL 33410**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition  
22 NAME  
23 STREET ADDRESS

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

24 CITY-ST-ZIP  
31 TITLE ☐ Change ☐ Addition  
32 NAME  
33 STREET ADDRESS

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

34 CITY-ST-ZIP  
41 TITLE ☐ Change ☐ Addition  
42 NAME  
43 STREET ADDRESS

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

44 CITY-ST-ZIP  
51 TITLE ☐ Change ☐ Addition  
52 NAME  
53 STREET ADDRESS

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

54 CITY-ST-ZIP  
61 TITLE ☐ Change ☐ Addition  
62 NAME  
63 STREET ADDRESS

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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 or changed, or of an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/1/96 407  
775-2665

CR2E034 (3/96)