

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 # P94000047626 (4)

1. Corporation Name  
ICEY A/C, INC.



Principal Place of Business

Mailing Address

4701 SW 45 ST  
DAVIE FL 33329  
US

4701 SW 45 ST.  
DAVIE FL 33329  
US

3. Date Incorporated or Qualified  
06/22/1994

3a. Date of Last Report  
04/18/1995

2. Principal Place of Business

2a. Mailing Address

21 6410 JOHNSON ST

26 PO BOX 6801

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 HOLLYWOOD, FL

28 HOLLYWOOD FL

Zip

Country

Zip

Country

24 33024

25 USA

29 33081

30 USA

4. FEI Number

65-0501746

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

10. Name and Address of New Registered Agent

DZUREK, DAN JR  
4631 NW 31 AVE #290  
FT LAUDERDALE FL 33309

81 Name

DAN DZUREK

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

6410 JOHNSON ST

83

84 City

HOLLYWOOD

FL

85 Zip Code

33024

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

(NOTE: Registered Agent Signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE  
NAME DZUREK, DAN JR  
STREET ADDRESS 6410 JOHNSON ST.  
CITY-ST-ZIP HOLLYWOOD FL

TITLE D ☒ DELETE  
NAME DZUREK, MARK W  
STREET ADDRESS 8350 NW 5 STREET  
CITY-ST-ZIP PEMBROKE PINES FL 33024

TITLE D ☒ DELETE  
NAME ALI, SHIEK  
STREET ADDRESS 709 PENNSYLVANIA AVE  
CITY-ST-ZIP FT LAUDERDALE FL 33312

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 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)(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Daniel J. Dzurek Jr.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DANIEL J. DZUREK JR.

4/29/96

Date

Daytime Phone #

(305)

983-7581

CR2E034 (12/95)