

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 AM 9:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #P94000053685

1. Corporation Name

ICE BOX ICE CREAM INC

Principal Place of Business

Mailing Address

7431-51 W. ATLANTIC AVE
DELRAY BEACH FL 33446

7431-51 W. ATLANTIC AVE
DELRAY BEACH FL 33446

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

7/18/1994

4. FEI Number

Applied For

65-0507388

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

7. This corporation files annually for information under § 193.03C,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc

Suite, Apt. #, etc

22

27

City & State

City & State

23

28

Zip

County

Zip

County

24

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DOMINICK TORRESO
8706 KIMBLE WAY
BOCA RATON FL 33433

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

(Signature of person appointed Principal Registered Agent and holder of authority)

(Signature of Registered Agent (signature required when new listing))

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME TORRESO, DOMINICK
STREET ADDRESS 8706 KIMBLE WAY
CITY, ST, ZIP BOCA RATON FL 33433

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY, ST, ZIP

200001482992
-05/10/95--01087--023
****200.00 ****200.00

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

15 TITLE
16 NAME
17 STREET ADDRESS
18 CITY, ST, ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

19 TITLE
20 NAME
21 STREET ADDRESS
22 CITY, ST, ZIP

☐ Change ☐ Addition

TITLE
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CITY, ST, ZIP

23 TITLE
24 NAME
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26 CITY, ST, ZIP

☐ Change ☐ Addition

TITLE
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CITY, ST, ZIP

27 TITLE
28 NAME
29 STREET ADDRESS
30 CITY, ST, ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY, ST, ZIP

☐ Change ☐ Addition

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)(b), Florida Statutes. I further certify that the information submitted 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. I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 887, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

(Signature and Typed or Printed Name of Signing Officer or Director)

DOMINICK TORRESO

4/17/95 (407)
499-3968