FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000077298 (5)

ICE MAN CLOTHING OF FLORIDA, INC.

Mailing Address Principal Place of Business 260 E. VAN FLEET DR. 260 E. VAN FLEET DR. BARTOW FL 33830-3630 BARTOW FL 33830 3a. Date of Last Report 3. Date Incorporated or Qualified 10/21/1994 08/01/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3288266 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 墨 27 Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Zip Country Zipi This corporation has fiability for intangible tax under s. 199.032, 24 25 29 30 Florida Statutes Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name NAFISEH, EFFERAJ A 5224 W. NICHOLS DR. 82 Street Address (P.O. Box Number is Not Acceptable) LAKELAND FL 33813 83 84 City Zip Code 11. Fursuant 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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signalive, type-dior pointed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstaling) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6)12. 13. ■ DELETE 1.1 TITLE Change Addition THLE NAFISEH, EFTERAJ A 1.2 NAME CR2E034 NAME **5224 NICHOLS DRIVE** 13 STREET ADDRESS STREET ADDRESS LAKELAND FL 33813 1.4 CITY - ST - ZIP CITY-ST-ZIF DELETE Change Addition TIFLE 2.1 TITLE NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADORESS 2.4 CITY-ST-ZIP Color-St. ZIP DELETE Change Addition 3.1 TITLE HULL NAM: 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - \$1 - 70 3.4. CITY-ST-ZIP DELETE Change Addition Title 4.1 TITLE 4 2 NAME NAME STREET ADDRESS 4 3 STREET ADDRESS 44 CITY-ST-ZIP CITY-\$1-749 Addition DELETE Change 5.1 TITLE THEE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5 4 CHTY- ST - ZIP CITY - ST-ZIP

SIGNATURE:

THEF

NAME STREET ADDRESS

City - S1 - ZiP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING

DELETE

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP 14. I do 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 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.

941-537-3308

Addition

Change

FILED

May 02 1997 8:00am

Secretary of State