

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

FILED  
May 01 1996 8:00 am  
Secretary of State

DOCUMENT # P95000059712 (6)

1. Corporation Name

NICE ICE OF KEY WEST, INC.



Principal Place of Business

Mailing Address

524 EATON STREET  
SUITE 1  
KEY WEST FL 33040

524 EATON STREET  
SUITE 1  
KEY WEST FL 33040

2. Principal Place of Business

21 161 US Hwy 1

Suite, Apt. #, etc.

22 Unit 8

City & State

23 Rockland/Key West, FL

Zip

24 33040

Country

25 Monroe

2a. Mailing Address

26

Suite, Apt. #, etc.

27 Suite 100

City & State

28

Zip

29

Country

30

3. Date Incorporated or Qualified

08/02/1995

3a. Date of Last Report

4. FEI Number

65-0602389

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

SMALLWOOD, SHERI ESQ.  
524 EASTON ST., SUITE 100  
KEY WEST FL 33040

10. Name and Address of New Registered Agent

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

X

Signature typed or printed (Name of registered agent and the changeable)

(If the Registered Agent's signature is required when filing)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE PD

NAME SMALLWOOD, SHERI

STREET ADDRESS 524 EATON STREET, SUITE 1

CITY- ST- ZIP KEY WEST FL 33040

☐ DELETE

TITLE VD

NAME SMITH, DANNY H

STREET ADDRESS 524 EATON STREET, SUITE 1

CITY- ST- ZIP KEY WEST FL 33040

☒ DELETE

TITLE STD

NAME SMALLWOOD, ROBERT D

STREET ADDRESS 524 EATON STREET, SUITE 1

CITY- ST- ZIP KEY WEST FL 33040

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Add on

1.1 TITLE PSTD

1.2 NAME

1.3 STREET ADDRESS Suite 100

1.4 CITY- ST- ZIP

☐ Change ☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS Suite 100

2.4 CITY- ST- ZIP

☐ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY- ST- ZIP

☐ Change ☐ Addition

PD ck # 1308  
4/20/96

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 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 by the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name is not on an attachment with an address.

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daniel Smith VP

1/30/96 305-293-6996

Date

Daytime Phone #

CR2E034 (12/95)