

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 # P95000068370 (2)

1. Corporation Name  
E.I'S ICES INC.



Principal Place of Business

Mailing Address

~~400 ENTERPRISE ST.  
GROVE, FL 34761~~

~~400 ENTERPRISE ST.  
GROVE, FL 34761~~

520 Timber Ridge Dr  
Longwood FL 32779

3. Date Incorporated or Qualified  
09/05/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 ~~400 Enterprise Street~~

26 520 Timber Ridge Drive

4. FEI Number  
Applied For ☒ Applied For  
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

22 SAME AS 2A

27

6. Election Campaign Financing  
Trust Fund Contribution ☐ \$5.00 May Be  
Added to Fees

23 City & State

28 Longwood, FL

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

24 Zip

25 Country

29 Zip

30 U.S.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GLASSMAN, EILEEN

~~400 ENTERPRISE ST.~~

~~GROVE, FL 34761~~

520 Timber Ridge Dr.  
Longwood FL 32779

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, typed or printed name of registered agent and 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 ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

NAME Eileen Glassman

12 NAME

STREET ADDRESS 520 Timber Ridge Drive

13 STREET ADDRESS

CITY-ST-ZIP Longwood, FL 32779

14 CITY-ST-ZIP

TITLE ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

NAME

22 NAME

STREET ADDRESS

23 STREET ADDRESS

CITY-ST-ZIP

24 CITY-ST-ZIP

TITLE ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

NAME

32 NAME

STREET ADDRESS

33 STREET ADDRESS

CITY-ST-ZIP

34 CITY-ST-ZIP

TITLE ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME

42 NAME

STREET ADDRESS

43 STREET ADDRESS

CITY-ST-ZIP

44 CITY-ST-ZIP

TITLE ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME

52 NAME

STREET ADDRESS

53 STREET ADDRESS

CITY-ST-ZIP

54 CITY-ST-ZIP

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME

62 NAME

STREET ADDRESS

63 STREET ADDRESS

CITY-ST-ZIP

64 CITY-ST-ZIP

TITLE ☐ DELETE

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)