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

P95000082874 (5)

PROFIT CORPORATION ANNUAL REPORT

1998

DOCUMENT #
1. Corporation Name

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

## **FILED** May 07 1998 8:00am Secretary of State

561-369-

EVENGLADES ICE CHEAM COMPANY					1 ARBIOTRI (III ARIA) ARIA) ROJA BOJA ORIJ ARIAC III	118 (1881 1811) WEIT	ALGE IADI
Principal Place of Business		Mailing Address			1	11 <b>0 110 0</b> 1 10 111 10 011	E101 FBE1
785 S CONGR	RESS AVE	785 S CONGRESS AVE					
SUITE 19 DELRAY BEAC	N FI 33444	SUITE 19 DELRAY BEACH FL 33444	**************************************		DO NOT WRITE IN THIS	SPACE	
US	AL C. 00444	US		3. Date Incorporated or Qualified			
					10/26/1995		
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	Apr	plied For
21		28			65-0619813	<del></del>	Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	<del>  </del>		5. Certificate of Status Desired	<b>\$8.75</b> At Fee Red	
City & State		City & State	City & State		6. Election Campaign Financing	\$5.00	
23		28		Trust Fund Contribution	Added to		
Zip	Country	Zip	Count	ry	8. This corporation owes or has paid the ci		
24	25		ю		Personal Property Tax due June 30.		No
9. Name and Address of Current Registered Agent				41 11 2	10. Name and Address of New Registered	l'Agent	
	NNA, WALID		ļ	1 Name ( q	arence Rosentha	./	
137		8	2 Street Addres	ss (P.O. Box Number is Not Acceptable)	C. C.	10/0	
SUITE 111			a	1785	So Congress 1100	74234	7617
BO.	YNTON BEACH FL 33426		Ľ	Dellay	Beach, Florida	3344	9
			8	4 City	FI	85 Zip C	ode
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	James Raid			dent	4/25/9	<i>?                                    </i>	
	Signature, typed or printed name of requistered age	ni and title if applicable (NOTE	Registered A	gent signature required			
12.	OFFICERS ANI	D DIRECTORS  DELETE	13.		ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS  Change	Addition
TITLE NAME	P Rosenthal, Lawrence	□ pereir	1.1 TITLE 1.2 NAM			Cuantie	L) AUGIRON
STREET ADDRESS	3155 NW 57TH ST.			ET ADDRESS			
CITY-ST-ZIP	BOCA RATON FL 33496		1.4 CITY	1			ł
TITLE	V	DELETE	2.1 TITLE			Change	Addition
NAME	HANNA, WALID	(	2.2 NAM	£			į
STREET ADDRESS	1333 NIANTIC TERR		2.3 STRE	ET ADDRESS			
CITY-ST-ZIP	WEST PALM BEACH FL 3341		-	-ST-ZIP			
TITLE		DELETE	31 TITLE			L. Change	☐ Addition
NAME			3.2 NAM	1			1
STREET ADDRESS			1	ET ADORESS			
CITY-ST-ZIP TITLE	1	☐ DELETE	4.1 TITLE	-ST-ZIP		Change	Addition
NAME		<del></del>	4. 2 NAN	ſ			
STREET ADDRESS				ET ADDRESS			
CITY-ST-ZIP			4.4 CITY	-ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE			Change	Addition
NAME	·		5.2 NAM	E			
STREET ADDRESS			5.3 STRE	et address			
CITY-S1-ZIP		T bever	5.4 CITY			T 1 04	1,200
TITLE		☐ DELETE	6.1 TITLE			Change	Addition
NAME			6.2 NAM	1			
STREET ADDRESS				ET ADDRESS			
14. I hereby c	ertify that the information supplied w	ith this filing does not qualify for	6.4 CITY the exem	ption stated in S	ection 119.07(3)(i), Florida Statutes. I further of	ertify that the i	nformation
14. I 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.							