

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

1-2

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000096604 (0)

1. Corporation Name
CORAL SPRINGS ICE, INC.



Principal Place of Business
C/O TAX DEPARTMENT
4350 LA JOLLA VILLAGE DR., STE. 400
SAN DIEGO CA 92122-1233

Mailing Address
C/O TAX DEPARTMENT
4350 LA JOLLA VILLAGE DR., STE. 400
SAN DIEGO CA 92122-1233

3. Date Incorporated or Qualified 12/21/1995	3a. Date of Last Report
4. FEI Number 33-0686933	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
25 Country	30 Country

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301		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 _____ (NOTE: Registered Agent signature required when registering) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEETS, RICHARD J	1.2 NAME	
STREET ADDRESS	PO BOX 880	1.3 STREET ADDRESS	4350 LT Village Drive, #400, 9/0 Tax
CITY-ST-ZIP	TORONTO, ONTARIO M5J2T3	1.4 CITY-ST-ZIP	San Diego, Ca 92122-1233
TITLE	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	V/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GEIER, CRAIG A	2.2 NAME	
STREET ADDRESS	PO BOX 880	2.3 STREET ADDRESS	4350 LT Village Drive, #400, 9/0 Tax
CITY-ST-ZIP	TORONTO, ONTARIO M5J2T3	2.4 CITY-ST-ZIP	San Diego, Ca 92122-1233
TITLE	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	T/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARORA, UPKAR	3.2 NAME	
STREET ADDRESS	PO BOX 880	3.3 STREET ADDRESS	4350 LT Village Drive, #400, 9/0 Tax
CITY-ST-ZIP	TORONTO, ONTARIO M5J2T3	3.4 CITY-ST-ZIP	San Diego, Ca 92122-1233
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	Albert Ellman
STREET ADDRESS		4.3 STREET ADDRESS	4350 LT Village Drive, #400, 9/0 Tax
CITY-ST-ZIP		4.4 CITY-ST-ZIP	San Diego, Ca 92122-1233
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	James Hutchison
STREET ADDRESS		5.3 STREET ADDRESS	4350 LT Village Drive, #400, 9/0 Tax
CITY-ST-ZIP		5.4 CITY-ST-ZIP	San Diego, Ca 92122-1233
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	Sari Diamond
STREET ADDRESS		6.3 STREET ADDRESS	4350 LT Village Drive, #400, 9/0 Tax
CITY-ST-ZIP		6.4 CITY-ST-ZIP	San Diego, Ca 92122-1233

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: _____ 4/26/96 (619) 546-3580

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____

CR2E034 (12/95)

CORAL SPRINGS, INC.
1996 PROFIT CORPORATION ANNUAL REPORT
DOCUMENT # P95000096604

LIST OF ADDITIONAL OFFICERS:

HOLLI G. HURLEY
MARK P. RILEY

ASSISTANT SECRETARY
ASSISTANT SECRETARY

THE ADDRESS FOR THE OFFICERS LISTED ABOVE IS AS FOLLOWS:

C/O TAX
4350 L.J. VILLAGE DRIVE; # 400
SAN DIEGO, CALIFORNIA 92122-1233