

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

FILED

May 08 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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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 92122-1257



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>12/21/1995</b>	3a. Date of Last Report <b>05/01/1996</b>
21 Suite, Apt #, etc.	22 City & State	23 Zip	24 Country	4. FEI Number <b>33-0686933</b>	Applied For <input type="checkbox"/> Not Applicable
25	26	27	28	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
29	30	31	32	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
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

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	PD	1.1 TITLE	<b>AS</b>
NAME	<b>STEETS, RICHARD J</b>	1.2 NAME	<b>HOLLI G. HURLAY</b>
STREET ADDRESS	<b>4350 LJ VILLAGE DRIVE #400, C/O TAX</b>	1.3 STREET ADDRESS	<b>4350 La Jolla Village Dr, Ste 400, C/O TAX</b>
CITY-ST-ZIP	<b>SAN DIEGO CA 92122-1233</b>	1.4 CITY-ST-ZIP	<b>San Diego, CA 92122-1233</b>
TITLE	VD	2.1 TITLE	<b>V</b>
NAME	<b>GEIER, CRAIG A</b>	2.2 NAME	<b>Don S. Kovacic</b>
STREET ADDRESS	<b>4350 LJ VILLAGE DRIVE, #400, C/O TAX</b>	2.3 STREET ADDRESS	<b>4350 LA Jolla Village Dr, Ste 400, C/O TAX</b>
CITY-ST-ZIP	<b>SAN DIEGO CA 92122-1233</b>	2.4 CITY-ST-ZIP	<b>San Diego, CA 92122-1233</b>
TITLE	TD	3.1 TITLE	
NAME	<b>ARORA, UPKAR</b>	3.2 NAME	
STREET ADDRESS	<b>4350 LJ VILLAGE DR, #400, C/O TAX</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SAN DIEGO CA 92122-1233</b>	3.4 CITY-ST-ZIP	
TITLE	V	4.1 TITLE	
NAME	<b>ALBERT ELLMAN</b>	4.2 NAME	
STREET ADDRESS	<b>4350 LJ VILLAGE DRIVE, #400 C/O TAX</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SAN DIEGO CA 92122-1233</b>	4.4 CITY-ST-ZIP	
TITLE	V	5.1 TITLE	
NAME	<b>JAMES HUTCHINSON</b>	5.2 NAME	
STREET ADDRESS	<b>4350 LJ VILLAGE DRIVE, #400, C/O TAX</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SAN DIEGO CA 92122-1233</b>	5.4 CITY-ST-ZIP	
TITLE	S	6.1 TITLE	
NAME	<b>SARI DIAMOND</b>	6.2 NAME	
STREET ADDRESS	<b>4350 LJ VILLAGE DRIVE, #400, C/O TAX</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SAN DIEGO CA 92122-1233</b>	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.

SIGNATURE:

*[Signature]* **Don S. Kovacic, Vice President 4350-97 (6M) 546-3578**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)