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

PROPIT CORPORATION ANNUAL REPORT

1998

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CITY-ST-ZIP

STREET ADDRESS

Block 12 or Block 13 if changed

TITLE

NAME



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P96000012120 (7) DOCUMENT #

THE PURE ICE COMPANY

Principal Place of Business Mailing Address **% MARC H AUERBACH. ESOUIRE** % MARC H AUERBACH, ESQUIRE 100 S.E. 2ND STREET. 28TH FLOOR 100 S.E. 2ND STREET, 28TH FLOOR **MIAMI FL 33131** MIAMI FL 33131 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/06/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 65-0650454 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 28 Trust Fund Contribution Added to Fees Zip Country $Z_{\rm IP}$ Country 8. This corporation owes or has paid the current year Intangible 24 25 30 Personal Property Tax due June 30. Yes 🔥 No 9. Name and Address of Current Registered Agent Name and Address of New Registered Agent Name AUERBACH, MARC H ESQUIRE 100 S.E. 2ND STREET 82 Street Address (P.O. Box Number is Not Acceptable) MIAMI FL 33131 83 84 City 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 reinstaling) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE 1.1 TITLE 517 Change Addition marc Milerbas -**Be**ck, Jeff NAME 1.2 NAME 28 Floor **6320 NW** 84 AVE STREET ADDRESS 1.3 STREET ADDRESS 100 58 2 MIAMI FL CITY-ST-ZIP 1.4 CITY-ST-ZIP TITLE DOT-DELETE 2.1 TITLE ☐ Change Addition **SCHLUSSEL** NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 2. 4 CITY - ST - ZIP TITLE ☐ DELETE Change 3.1 TITLE Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE TITLE 4.1 TITLE Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE DELETE Change 5.1 TITLE Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS

54 CITY-ST-ZIP

6.3 STREET ADDRESS 6.4 CITY - ST - ZIP 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

6.1 TITLE

6.2 NAME

DELETE

or on an attachment with an address

FILED Apr 29 1998 8:00am Secretary of State



Change

(305) 5 3ବ

☐ Addition