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**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

### P.O. BOX 759031  CORAL SPRINGS FL 33075  US  DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed  02/27/1996  2. Principal Place of Business 2a. Mailing Address 25  Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  5. Certifcate of Status Desired  Fee Required	<ol> <li>Corporation</li> </ol>	I ICE CREAM COMPANY, IN						
BOCA MATON FL 39428    Copyright   Copyrig						•		
2. Principal Place of Business 2a. Meiling Address 4. PEI Number Applied For O2/27/1996 No. Applied For Stude, Apt. #, etc. 28 Suite, Apt. #, etc. 28 Suite, Apt. #, etc. 3. S. Certificate of Stutus Desired 56-064/7498 No. Applied For O56-064/7498 N						DO NOT WOLTEN THE	00405	
2. Principal Place of Business	US		US				SPACE	
Sulfic, Apt. #, etc.					<u> </u>	02/27/1996	<del> </del>	
Suite, Apt. #, etc.   27	Principal Place of Business     2a. Mailing Address						\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
27   28   31   28   28   28   28   29   20   29   20   20   29   20   29   20   29   20   29   20   29   20   29   20   20						65-064/548		
City & State    28		#, etc.	<b>⊢</b> ' ' ' '			5. Certifcate of Status Desired	<b>v</b>	
Added to Fees   Added to Fee	22			ي پيدند	<del></del>			
Zip   Zip   Zip   Zip   Zip   Country   Zip   Country   Zip   Personal Property Tax.   reset   No		· · · · · · · · · · · · · · · · · · ·						
Personal Property Tax.   Yes   No					<i>,</i>			
MARRS, RUTHANN 9159D S.W. 22ND STREET BOCA RATON FL 33428  11. Pursuant to the provisions of Sections 697 0502 and 607,1508, Florida Statutes, the above-named corporation as submits this statement for the purpose of changing its registered agent. I am familiar with, and accept, the obligations of, Section 97,0505, Florida Statutes, the above-named corporation about of, directors—I hereby accept the appointment as registered agent. I am familiar with, and accept, the obligations of, Section 907,0505, Florida Statutes  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  14. OFFICERS AND DIRECTORS IN 12.  15. OFFICERS AND DIRECTORS IN 12.  16. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  17. OFFICERS AND DIRECTORS IN 12.  18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  19. OFFICERS AND DIRECTORS IN 12.  19. OFFICERS AND DIRECTORS IN 12.  19. OFFICERS AND DIRECTORS IN 12.  10. OFFICERS AND DIRECTORS IN 12.  11. In					•			□No
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MARTS, RUTHANN 91590 S.W. 22ND STREET BOCA RATON FL 33428    2				81	Name	« Ont 5		
BUCA HATON FL 33428    B3				92	Street Ac			
BUCA HATON FL 33428    B3				62	973	33 ARBOR OAKS LAVE #1	2/	
11. Pursuant to the provisions of Sections 607,0502 and 807,1508, Fiorida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent in am familiar with, and accept, the obligations of, Section (607,0505, Florida Statutes.  SIGNATURE    Signature	BOC	A RATON FL 33428		83	ı.l			
TITLE DARS, RUTHANN 122NWE 123NWE 143CITY-ST-ZIP 150 S.W-22ND ST-  BOCA RATON FL 2 4 CITY-ST-ZIP 170LE 1 0 ELETE 1 TITLE						CA FAMM, AC- 33448	as 7in (	`ode
Aggent. I am familiar with, and accept, the obligations of, Section (o.f.) Justs. Florida Statutes.    Signature   Signature, typed or printed name of registered agent and die if applicable. (NOTE: Registered Agent algositure required when reinstating)   DATE	1				1		.	)
Aggent. I am familiar with, and accept, the obligations of, Section (o.f.) Justs. Florida Statutes.    Signature   Signature, typed or printed name of registered agent and die if applicable. (NOTE: Registered Agent algositure required when reinstating)   DATE	11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes	, the abov	e named co	proporation submits this statement for the purpose of	changing its	registered
SIGNATURE  12. OFFICERS AND DIRECTORS  TITLE NAME NAME STREETADORESS OCTY-ST-ZIP  BOCA RATON FL STREET ADDRESS OCTY-ST-ZIP  NAME STREET ADDRESS OCTY-ST-ZIP  TITLE NAME STREET ADDRESS OCTY-ST-ZIP NAME STREET ADDRESS OCTY-ST-ZIP  TITLE NAME STREET ADDRESS OCTY-ST-ZIP NAME STREET ADDRESS OCTY-ST-ZIP  TITLE NAME STREET ADDRESS OCTY-ST-ZIP OCHORGY Addition OCHORGY	agent. I a	egistered agent; or both in the State on familiar with, and accept the obligat	of Florida, Such change was auti ions of, Section 607.0505, Florid	nonzeo:by la Statute:	rine:corpora S.	ation's poam or directors an never acceptance appoin	mmen as ref	yisisieu
12.	SIGNATURE		•					
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			☐ DELETE	6.1 TITLE			☐ Change	☐ Addition

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 Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

561-852-5492