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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # **P96000024555** (0)

LOVE BOAT ICE CREAM, INC.

Principal Place of Business

Mailing Address

FILED Apr 09 1997 8:00am Secretary of State



1642 SE 40TH TERRACE CAPE CORRAC EL 33904		1642 SE AODH TERRACE CAPE-CORAE FL 33904-746	7		
		SW PROPESSA	MAL SERVICE	3. Date Incorporated or Qualified 03/19/1996	3a. Date of Last Report
2. Principal P	Place of Business	2a. Mailing Address OF.	FTMYNG FA	(4//FEI Number	Applied Fo
21 /623	29 SAN CARLOSBL	De 13611 McG	regor thu	D 65-0656290	Not Applica
Suite, Apt.		27 SUITE #3		5. Certificate of Status Desired	\$8.75 Additiona
City & Stat	MYERS TL	City & State 28 FT MYERS		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 33	908 25 LEE	Zip 339,9	Country LEE	8. This corporation has liability for in Florida Statutes	ntangible tax under s. 199.032 Yes No
	9. Name and Address of Curren	t Registered Agent		10. Name and Address of New Res	•
1500	LIGAN, JOHN B COLOMAL BLVD SUITE 103 EXPERS FL 33907		82 Street / 3	THUEST PROPSS/MALSE Address (P.O. Box Number is Not Acceptable 611 MC GREGOR BLI	PUICES OF FT. MY
			* F	T. MYERS	FL " 339/
11. Pursuant office or agent 1 a	to the provisions of Sections 607 050; registered agent or both, in the flate am familiar way and accept the blig.	100/	es, the above-named authorized by the corp orida Statutes.	corporation submits this statement for the poration's board of directors. I hereby acception to the properties of the pr	urpose of changing its register the appointment as registere
12.	OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12
TITLE	D	DELETE	1.1 TITLE	1	Change Add
NAME	WARWIN, JOHN JR		1.2 NAME	WAWRIN, JOHN J	R
STREET ADDRESS	1642 SE 40TH TERRACE		1.3 STREET ADDRESS		
011Y-\$1-ZIP	CAPE CORAL FL 33904		1.4 CITY-ST-ZiP		
TITLE		DELETE	2.1 TITLE	DIRECTOR KEITH J. WAWRIN	Change Add
NAME			2.2 NAME	KEITH J. WAWRIN	ł .
STREET ADDRESS			2.3 STREET ADDRESS	1725 SE 43RD ST.	
CHY-ST-Z@		DELETE	2. 4 CITY-ST-ZIP	CAPE CORAL FL 33	904
TITLE					Change Ladd
		betaje	3 1 TITLE	,	Change Add
		outle	32 NAME	,	' ` [_] Change [_] Add
NAME STREET ADDRESS		_ out	32 NAME 3.3 Street Address	,	' ' [] Change [_] Add
		DELETE	32 NAME		Change Add
STREET ADDRESS CHY+S1+ZIP			32 NAME 33 STREET ADDRESS 34. City-St-Zip		Change Add
STREET ADDRESS CHY - ST - ZIP TITLE			32 NAME 33 STREET ADDRESS 34. CITY-ST-ZIP 4.1 TITLE		Change Add
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STREET ADDRESS CREY-ST-70P TITLE NAME			32 NAME 33 STREET ADDRESS 34. CITY - ST - ZIP 4.1 TITLE 4. 2 NAME 4.3 STREET ADDRESS		Change Add
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STREET ADDRESS CHY-SE-ZIP TITLE NAME STREET ADDRESS CHY-SE-ZIP		☐ DELETE	32 NAME 3.3 STREET ADDRESS 3.4. CITY - ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST-ZIP 5.1 TITLE 5.2 NAME		Change Add
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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: