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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Jan 27 1998 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000024555 (0)

Block 12 or Block 13 if changed, or on an attachment with an address.

LOVE BOAT ICE CREAM, INC.

Principal Place of Business Mailing Address 13611 MCGREGOR BLVD 16229 SAN CARLOS BLVD FT MYERS FL 33908 SUITE 3 DO NOT WRITE IN THIS SPACE FT MYERS FL 33919 3. Date Incorporated or Qualified 03/19/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 65-0656290 Not Applicable Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 8. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes 24 25 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name GOLDBERG, DAVID SOUTHWEST PROFESSONAL SERV OF FT MYERS INC 82 Street Address (P.O. Box Number is Not Acceptable) 13611 MCGREGOR BLVD, SUITE 3 63 FT MYERS FL 33919 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 reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition TITLE 1.1 TITLE WAWRIN, JOHN JR . NAME 1.2 NAME 1842 SE 40TH TERRACE 1.3 STREET ADDRESS STREET ADDRESS CAPE CORAL FL CITY-ST-7IP 1.4 GITY-S1-7IP Change DELETE 2.1 TITLE ___ Addition TITLE NAME WAWRIN, KEITH J 22 NAME 1725 SE 43RD ST STREET ADDRESS 2.3 STREET ADDRESS **CAPE CORAL FL** CITY-ST-ZIP 2.4 CITY-ST-ZIP Change DELETE Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 34. CITY-ST-ZIP DELETE ☐ Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME 63 STREET ADDRESS STREET ADDRESS 6.4 CITY - ST - ZIP 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

II CHILL DOMD