

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

FILED

May 07 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P96000041445 1. Corporation Name THE KISSIMMEE ICE FACTORY, INC.			
Principal Place of Business 1445 Riviera Drive Kissimmee FL 34744		Mailing Address 1445 Riviera Drive Kissimmee FL 34744	
2. Principal Place of Business		2a. Mailing Address	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.	
22. City & State		27. City & State	
23. Zip		28. Zip	
24. Country		29. Country	
25. Country		30. Country	
3. Date Incorporated or Qualified 05/10/1996		3a. Date of Last Report N/A	
4. FEI Number 59-3380410		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent Capouano, Albert D. 800 N. Magnolia Avenue, Suite 1500 Orlando, FL 32803		10. Name and Address of New Registered Agent	
81. Name			
82. Street Address (P.O. Box Number is Not Acceptable)			
83.			
84. City		85. Zip Code	
FL			
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	
11. TITLE D <input type="checkbox"/> DELETE		11. TITLE D/P/S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
12. NAME Mukherjee, Dorothy S.		12. NAME Mukherjee, Dorothy S.	
13. STREET ADDRESS 1445 Riviera Drive		13. STREET ADDRESS 1445 Riviera Drive	
14. CITY-ST-ZIP Kissimmee FL 34744		14. CITY-ST-ZIP Kissimmee FL 34744	
21. TITLE <input type="checkbox"/> DELETE		21. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
22. NAME		22. NAME	
23. STREET ADDRESS		23. STREET ADDRESS	
24. CITY-ST-ZIP		24. CITY-ST-ZIP	
31. TITLE <input type="checkbox"/> DELETE		31. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
32. NAME		32. NAME	
33. STREET ADDRESS		33. STREET ADDRESS	
34. CITY-ST-ZIP		34. CITY-ST-ZIP	
41. TITLE <input type="checkbox"/> DELETE		41. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
42. NAME		42. NAME	
43. STREET ADDRESS		43. STREET ADDRESS	
44. CITY-ST-ZIP		44. CITY-ST-ZIP	
51. TITLE <input type="checkbox"/> DELETE		51. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
52. NAME		52. NAME	
53. STREET ADDRESS		53. STREET ADDRESS	
54. CITY-ST-ZIP		54. CITY-ST-ZIP	
61. TITLE <input type="checkbox"/> DELETE		61. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
62. NAME		62. NAME	
63. STREET ADDRESS		63. STREET ADDRESS	
64. CITY-ST-ZIP		64. 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.		100002180211 -05/15/97--01092- ***165.00 015	
SIGNATURE: <i>Dorothy S. Mukherjee, Pres</i>		Date: May 1, 1997 Daytime Phone #: (407) 933-4259	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Dorothy S. Mukherjee, President			

CR2E034 (9/96)