Mailing Address

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P96000047944

ICE DREAM ENTERPRISES, INC.

Principal Place of Business 2103 DIAMOND CT 2103 DIAMOND CT OLDSMAR FL 34677-1948 OLDSMAR FL 34677-1948 DO NOT WRITE IN THIS SPACE LIS 3. Date Incorporated or Qualifed 05/31/1996 2a. Mailing Address 4. FEI Number Applied For 2. Principal Place of Business 59-3385018 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 City & State \$5.00 May Be 6. Election Campaign Financing City & State Added to Fees Trust Fund Contribution 28 23 Country 8. This corporation owes the current year Intangible Zip Zip Country XNo Personal Property Tax. ☐ Yes 30 24 29 Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 STUART, REBECCA A. Street Address (P.O. Box Number is Not Acceptable) 2103 DIAMOND CT OLDSMAR FL 34677 83 Zip Code 85 84 City 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. And The Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required whe ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change ☐ DELETE 1.1 TITLE TITLE STUART, REBECCA A. 1.2 NAME NAME 2103 DIAMOND CT 1.3 STREET ADDRESS STREET ADDRESS OLDSMAR FL 34677 1.4 CiTY-ST-ZIP CITY-ST-ZIP DELETE ☐ Change ☐ Addition 2.1 TITLE TITLE SEARLES, SUSANNE 2.2 NAME NAME 2103 DIAMOND CT 2.3 STREET ADDRESS STREET ADDRESS OLDSMAR FL 34677 2.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change DELETE 3.1 TITLE TITLE STUART, ALLAN 32 NAME NAME 2103 DIAMOND CT 3.3 STREET ADDRESS STREET ADDRESS OLDSMAR FL 34677 3.4, CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ DELETE 41 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADORESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIF Addition Change DELETE 51 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY ST-ZIP ☐ Addition DELETE 6.1 TITLE ☐ Change TITLE 6.2 NAME NAME

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f); 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 13 if changed or on an attachment with an address with all other like empowered. Block 12 or Block 13 if changed on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

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FILED Mar 03, 1999 8:00 am

**Secretary of State** 

03-03-1999 90130 019 \*\*\*150.00