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FILED

Apr 25 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P96000048204 (7)

1. Corporation Name

ITALIAN ICE KING OF FLORIDA INC.

Principal Place of Business

Mailing Address

5821 LIVERPOOL DR  
TAMPA FL 33615

5821 LIVERPOOL DR  
TAMPA FL 33615-3727



3. Date Incorporated or Qualified

06/03/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 504 S. Gulfview Blvd

26 SAME

Suite, Apt. #, etc

Suite, Apt. #, etc

22 Clearwater

27

City & State

City & State

23 Clearwater, FL

28

Zip

Zip

24 34360

Country

Country

29

30

4. FEI Number

59-3394602

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐ \$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ZERON, RICHARD  
5302 REFLECTIONS PLACE COURT  
TAMPA FL 33634

81 Name ZERON, RICHARD L.

82 Street Address (P.O. Box Number is Not Acceptable)

18650 Gulf Blvd

83 Apt 505

84 City INDIAN SHORES

FL

85 Zip Code 33785

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

TITLE DP  
NAME ZERON, RICHARD  
STREET ADDRESS 5302 REFLECTIONS PLACE COURT  
CITY- ST- ZIP TAMPA FL 33634 ☐ DELETE

1.1 TITLE DP  
1.2 NAME ZERON, RICHARD L.  
1.3 STREET ADDRESS 18650 Gulf Blvd, Apt 505  
1.4 CITY- ST- ZIP INDIAN SHORES, FL 33785 ☒ Change ☐ Addition

TITLE DST  
NAME ZERON, ROSEMARIE M  
STREET ADDRESS 5302 REFLECTIONS PLACE COURT  
CITY- ST- ZIP TAMPA FL 33634 ☐ DELETE

2.1 TITLE DVST  
2.2 NAME ZERON, ROSEMARIE M.  
2.3 STREET ADDRESS 18650 Gulf Blvd, Apt 505  
2.4 CITY- ST- ZIP INDIAN SHORES, FL 33785 ☒ Change ☐ Addition

TITLE DV  
NAME GALLORIN, ROBERT  
STREET ADDRESS 5821 LIVERPOOL DR  
CITY- ST- ZIP TAMPA FL 33615 ☒ DELETE

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY- ST- ZIP ~~GALLORIN, ROBERT~~ ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ DELETE

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY- ST- ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ DELETE

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY- ST- ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ DELETE

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY- ST- ZIP ☐ Change ☐ Addition

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.

SIGNATURE: Richard A. Zeron  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date 4-16-97  
Daytime Phone # 443-5584

CR2E034 (9/96)