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May 13 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 # P96000068102 (8)

1. Corporation Name

NORMIE'S ICE CREAM COMPANY, INC.

Principal Place of Business

428 NE 125TH ST
N. MIAMI FL 33161

Mailing Address

428 NE 125TH ST
N. MIAMI FL 33161-4717

2. Principal Place of Business

21 P.O. Box 820483

Suite, Apt. #, etc.

22

City & State

23 SOUTH FLORIDA, FL

Zip

Country

24 33082-0483

25

USA

2a. Mailing Address

26 P.O. Box 820483

Suite, Apt. #, etc.

27

City & State

28 SOUTH FLORIDA, FL

Zip

Country

29 33082-0483

30

USA

9. Name and Address of Current Registered Agent

ADDESTONE, GAIL

428 NE 125TH ST.

N. MIAMI FL 33161

3. Date Incorporated or Qualified

08/12/1996

3a. Date of Last Report

4. FCI Number

65-0696887

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

10. Name and Address of New Registered Agent

81 Name

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

83 15723 NW 12 ST.

84 City

AMERBROKE AVES

FL

85 Zip Code

33082

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's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME DPT
JACOBS, ADAM T
STREET ADDRESS P.O. BOX 820483 N/A
CITY-ST-ZIP SOUTH FLORIDA FL 33082-0483

TITLE ☐ DELETE

NAME DS
ADDESTONE, GAIL
STREET ADDRESS P.O. BOX 820483 N/A
CITY-ST-ZIP SOUTH FLORIDA FL 33082-0483

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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.

SIGNATURE

X Adam T Jacobs

5/1/97 (854) 478-2722

CR2E034 (9/96)