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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000084021 (0)

ICE CREAM PARLORS, INC.

Principal Place of Business

Mailing Address

FILED Aug 19 1998 8:00am Secretary of State



301 NORTH ATLANTIC AVENUE 301 NORTH ATLANTIC AVENUE DAYTONA BEACH FL 32118 DAYTONA BEACH FL 32118 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/10/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 59-3412125 Not Applicable Suite, Apt #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Zip Country Zip 8. This corporation owes or has paid the current year Intangible 30 28 24 25 Personal Property Tax due June 30. Yes Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name **NOUR, GEORGE A** 3142 8. PENINSULA DR. Street Address (P.O. Box Number is Not Acceptable) 82 DAYTONA BEACH FL 32118 **B**3 84 City 85 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, a above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florid Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE Fillered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 PSI DELETE A TITLE TIME Change Addition SANDT, TERRY 2 NAME NAME 640-8TH STREET, APT 226 J STREET ADDRESS STREET ADDRESS HOLLY HILL FL 32117 4 CITY-ST-ZIF CITY-ST-ZIF DELETE LI TOTLE TITLE Change Addition NOUR, GEORGE A 2 NAME NAME 8142 S. PENINSULA DR. 3 STREET ADDRESS STREET ADDRESS DAYTONA BEACH FL 32118 4 CITY - ST-ZIP CITY-ST-ZIP ☐ DELETE 1 7171 6 TITLE Change Addition 2 NAME NAME 3 STREET ADDRESS STREET ADDRESS A. CITY-ST-ZIP CITY-ST-ZIP DELETE 1 TITLE TITLE Change Addition 2 NAME NAME J STREET ADDRESS STREET ADDRESS I CHTY-ST-ZIP CITY-ST-ZIP DELETE LTITLE TITLE Change Addition 2 NAME NAME 3 STREET ADDRESS STREET ADDRESS # CITY - ST - ZIP CITY-ST-ZIP DELETE 1 TITLE TITLE Change ☐ Addition 2 NAME NAME 3 STREET ADDRESS STREET ADDRESS 4 City-St-ZIP CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify feexemption 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 accand that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the dorpolation or the receiver or trustee empowered to see this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if ghanged, or on an attachment with an address.