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PROFIT (CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # PORODOGORO (4)

**FILED** May 21 1997 8:00am Secretary of State

	ON ICE, INC.	093209	<u> </u>						
Principal Place of Business Mailing Address  1802 1/2 MACDILL AVE.  TAMPA FL 33628  Mailing Address  1802 1/2 MACDILL AVE.  TAMPA FL 33628-5901									
						3. Date Incorporated or Qualifie 11/13/1996	ed <b>3a.</b> D	ate of Last Re	eport
<b>2.</b> Principa: ₽ <b>21</b> ]	Place of Business	2a. Mailing Addr	ess			4. FEI Number 59-3422 -/	294	h	phied For of Applicable
Suite, Apt	#. etc.	Suite, Apt. #,	etc.		· · · · · · · · · · · · · · · · · · ·	5. Certificate of Status Desired		\$8.75 / Fee Re	Additional
City & State	le	City & State		#, · · · · · · · · · · · · · · · · · · ·		6. Election Campaign Financing Trust Fund Contribution		\$5.00 Added 1	
Z(μ) 24	Country 25	Zip	30	Country	(	3. This corporation has liability Florida Statutes	for intangible	tax under s	
<u></u>	9. Name and Address of Curre					10. Name and Address of New	Registered	Agent	
MCII	NTOSH, ANDREW L			B1 1	Name		•		
101	EAST KENNEDY BLVD. STE 20 IPA FL 33602	00		82	Street Addre	ess (P.O. Box Number is Not Acce	ptable)		
*	HILLE ANDER			83					
				84	City		FL	<b>85</b> Zip (	Code
office or i agent 1 a	to the provisions of Sections 607.05 registered agent, or both, in the Stat am familiar with, and accept the oblig	le of Florida. Such chan gations of, Section 607.	ige was autho .0505, Florida	orized by the Statutes.	he corporati	on's board of directors. I hereby a	ccept the app	ointment as	registered
	Character to the end of the contract of the co	ound must title if anythingfule	(NOTE: Bur	nistered Anent	sionatura zamilira	ed when variation)	DATE		
	Signature, typed or printed name of registered at OFFICERS Af		(NOTE: Reg	pistered Agent	signature require	ed when reinstating)  ADDITIONS/CHANGES TO O	DATE.	D DIRECTOR	RS IN 12
12.		gent and title if applicable  ND DIRECTORS  DI		·	signature require			D DIRECTOR	
<b>12.</b> THE	OFFICERS AF	ND DIRECTORS		13.	signature require				
12. THEE NAME	OFFICERS AF  D  MELODY, JAMES 1802 1/2 MACDILL AVE.	ND DIRECTORS		13. 1.1 TITLE					
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