## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P97000016856 (1)

ICE WARRIORS AVIATION SERVICES, INC.

DELETE

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

21

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23

Moling Address 80 SOUTHELD COURT HOUDAY FL 34691  2. Principal Piace of Business 2. Principal Piace of Business 3. Date incorporated or Qualified 02/11/1987  2. Principal Piace of Business 3. Date incorporated or Qualified 02/11/1987  2. Principal Piace of Business 3. Date incorporated or Qualified 02/11/1987  3. Country 3. Country 3. Country 3. Country 4. Fig. Namo 6. Election Company Financing 58.00 May 89 Trust Fund Contribution 1. Date of Election Company Financing 3. Set State 3. Country 4. This corporation ower or has paid the current year letangible Personal Property Tax due Juni 30 3. Election Company Financing 4. Country 4. This corporation ower or has paid the current year letangible Personal Property Tax due Juni 30 3. Election Company Financing 4. Country 5. Date of Election Country 6. This corporation ower or has paid the current year letangible Personal Property Tax due Juni 30 3. Election Company Financing 5. Country 6. This corporation of Sciolon RS 05.00 May 89 Trust Fund Country 7. Country 8. This corporation of Sciolon RS 05.00 May 89 Trust Fund Country 8. This corporation of Sciolon RS 05.00 May 89 Trust Fund Country 8. This corporation Registered Agent 9. Street Address of New Registered Conflict or registered Agent 9. Street Address of Country Fund Organic Registered 9. Street Address of Co	2803 SOUTHFIELD COURT HOLIDAY FL 34691  2. Principal Place of Business  2. Principal Place of Business  2. Mailing Address  2. TO 3 4 DRURY STREET  Suite, Apt. #, etc.  2. Suite, Apt. #, etc.  2. City & State  2. City & State  2. City & State  2. Country  2. Zip  2. Country  2. Zip  2. Country  2. Zip  2. Country  2. Zip  3.3635  2.5 USA  2.9 33635  3.0 USA  BARRIS, JOEL  82 Street Address  LAKELAND FL 33809  83  84 City	
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City & State 23	City & State  23	5 Cortificate of Status Desired   \$8.75 Additional
Trust Fund Contribution   Added to Fees	28	
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HARRIS, JOEL   82 TRINA LANE   LAKELAND FL 33809   83   Street Address (P.O. Box Number is Not Acceptable)   85 Zip Code   80 City   FL   85 Zip Code   80 City   80 Cit	9. Name and Address of Current Registered Agent  HARRIS, JOEL  81 Name  82 Street Address  LAKELAND FL 33809  83  84 City  11 Pursuant to the provisions of Sections 607 0502 and 607 1508 Fiorida Statutes the above-partied corporations.	· • • • • • • • • • • • • • • • • • • •
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T1. 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 and size in 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 size ill applicable   (NOTE: Registered Agent expansive required when reinstaincy)   DATE     12.	LAKELAND FL 33809  83  84 City  11 Pursuant to the provisions of Sections 607 0502 and 607 1508 Florida Statutes the above harmed corporations of Sections 607 0502 and 607 1508 Florida Statutes the above harmed corporation	/P.O. Pay Number is Not Assentable)
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SIGNATURE   Signature: typed or printed name of registered agent and tile if applicable   NOTE: Registered Agent signature required when reinitating)   DATE	office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's agent. Fam familiar with, and accept the obligations of Section 607,0505. Florida Statutes	s board of directors. I hereby accept the appointment as registered
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Change

Addition

**FILED** 

Feb 09 1998 8:00am

Secretary of State

1 **(180) 100** | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 |

14. I 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.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

6.1 TITLE 6.2 NAME

ROBERT P. CRAMSIE 1-16-98 SIGNATURE: 813-855-9020