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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

DOCU	IMENT # P970000	169362				
IT'S - IT ICE CREAM CO. OF FLA.					n dina 20100 titi <b>n b</b> illi <b>a</b>	41 <b>41</b> ( <b>441</b>
i						
Principal Pla	ce of Business	Mailing Address			? 9 Orith Chind Iting Ansa	1481 1881
1333 NIAŅTIC		1333 NIANTIC TERRACE			-	
WEST PALM BEACH FL 33414 WEST PALM BEACH FL 33414				DO NOT WRITE IN THIS SPACE		
į				3. Date Incorporated or Qualifed		
				08/11/1997		15
2. Principal	Place of Business	2a. Mailing Address		4. FEI Number 65-0775979	Applied Not Ap	plicable
21	1-# ata	Suite, Apt. #, etc.			\$8.75 Addit	
22	1-#-etc	27		5. Certifcate of Status Desired	Fee Requir	ed
City & Sta	ate	City & State		6. Election Campaign Financing	\$5.00 May	· I
23		28		Trust Fund Contribution	Added to Fe	ees
Žip '	Country	Zip	Country	This corporation owes the current year I Personal Property Tax.	ntangible □Yes 🖎	<b>6</b> ./
24	9. Name and Address of Current	29 30	<u> </u>	10. Name and Address of New Registere		
	9. Name and Address of Current	Registered Agent	81 Name			
HANNA, WALID 1333 NIANTIC TERRACE			82 Street Addr	ress (P.O. Box Number is Not Acceptable)		<del></del>
			62 Sileet Addi	less (F.O. Box Humber to Hot Hotel		· _
WEST PALM BEACH FL 33414			83			
· !			84 City		85 Zip Code	e .
				. F		istered
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.						
agent. I	am familiar with, and accept the obligation	ons of, Section 607.0505, Florida	Statutes.			
SIGNATUR	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE: Rec	gistered Agent signature require			:
12.	OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS		
TITLE	D	☐ DELETE	1.1 TITLË		Change [	Addition
NAME	HANNA, WALID		1.2 NAME			
STREET ADDRES			1.3 STREET ADDRESS			
CITY-ST-ZIP	WEST PALM BEACH FL 33414	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE		Change [	Addition
TITLE	D Hanna, Jean		2.2 NAME			- 1
NAME : STREET ADDRE	AGOS ANABITIC TERRACE	,	2.3 STREET ADDRESS			
CITY-ST-ZIP	-WEST PALM BEACH FL 33414		2. 4 CITY-ST-ZIP			
TITLE		DELETE	3.1 TITLE	•	Change [	Addition
NAME ;		,	3.2 NAME			1
STREET ADORE	ess	. برسید	3.3 STREET ADDRESS			
CITY-ST-ZIP		☐ DELETE	3.4. CITY-ST-ZIP		☐ Change	Addition
TITLE		LI DELETE	4.2 NAME	•		
NAME CTREET ADDRES		.ed 	4.3 STREET ADDRESS	ب . شته	,	1
STREET ADDRE	SS **		4.4 CITY-ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE ·		☐ Change	☐ Addition
NAME :	ţ		5.2 NAME			ł
STREET ADDRE	ess		5.3 STREET ADDRESS			1
CITY-ST-ZIP,	· ·		5.4 CITY-ST-ZIP		☐ Change	Addition
TITLE	i i	☐ DELETE	6.1 TITLE			

CITY-ST-ZIP 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, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE

NAME

STREET ADDRESS