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

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STAT Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000075134 (1)

FILED Jan 30 1998 8:00am Secretary of State

ICE USA CORPORATION					
				C CREATERN COM LOCAL ARRES POSTA MORTA	FALLE MRIET 1020 i ALLO 1100 STALL GERE TURE
Principal Plac	e of Business	Mailing Address		-	
1007 BAYHILL DR SE 1007 BAYHILL DR SE					
WINTE HAVEN FL 33884 WINTE HAVEN FL 33884					
-				DO NOT WRIT	E IN THIS SPACE
				3. Date Incorporated or Qualified	
				08/28/1997	
Principal Place of Business 2a. Mailing Address			4. FEI Number	🗶 Applied For	
21 26					Not Applicable
		Suite, Apt. #, etc.		5. Certificate of Status Desired	S8.75 Additional
City & State		27		,	Fee Required
_ ′	e	City & State		6. Election Campaign Financing	\$5.00 May Be
Zip	Country		Country	Trust Fund Contribution	Added to Fees
24	25	—— ` ——	Country	8. This corporation owes or has p	
24	9. Name and Address of Current		10	Personal Property Tax due Juni 10. Name and Address of New Ri	
PUTNAM, THOMAS B JR. 81 N				10, Hamo dia Address of New II	ogistete Agent
	1 5TH ST NW				
SUITE 300			82 Street Addre	ess (P.O. Box Number is Not Accepta	ble)
WINTER HAVEN FL 33881			83		
141	THE THE COOL				
			84 City		FL 85 Zip Code
11 Pursuant	to the provisions of Sections 607 0502	2 and 607 1508 Florida Statutes	the shove-named corne	ration submits this statement for the	
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.					
	m tamiliar with, and accept the obliga	tions of, Section 607.0505, Flori	da Statutes.		_
SIGNATURE	Stgnature, typed or printed name of registered agen	t and title if applicable (NOTE	Registered Agent signature require	d when reinstating)	DATE
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFI	
TITLE	D	DELETE	1.1 TITLE		Change Addition
NAME	YONTZ, DONALD		1.2 NAME		
STREET ADDRESS	1007 BAYHILL DR SE		1.3 STREET ADDRESS		ļ
CITY-ST-ZIP	WINTE HAVEN FL 33884		1.4 CITY-ST-ZIP		Ì
TITLE	D	DELETE	2.1 TITLE		Change Addition
NAME .	tarr, W. Edward Sr.		2.2 NAME		
STREET ADDRESS	179 TOPEG DR		2.3 STREET ADDRESS		
CITY-ST-ZIP	SEVERNA PARK MD 21146		2. 4 CITY-ST-ZIP		
TITLE		DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		[
CITY - ST - ZIP			3.4. CITY-ST-ZIP		
TITLE		DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		1
City-St-Zip			5.4 CITY-ST-ZIP		ŀ
TITLE		DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		ļ
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		
11	artily that the information supplied with	11 1 712 1 1 17 1		41 140 0040141 04 14 04 14 14	

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 of the regardly or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if chapter do not not a the beginning of the regardly 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 chapter do not not a the beginning of the regardly of the regardly

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