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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000097453 (9)

FILED Feb 11 1998 8:00am Secretary of State

FOUR SEASONS ICES, INC. Principal Place of Business Mailing Address C/O KAYE & ROGER, P.A. C/O KAYE & ROGER, P.A. 6261 N.W. 6TH WAY SUITE 103 6261 N.W. 6TH WAY SUITE 103 FORT LAUDERDALE FL 33309 FORT LAUDERDALE FL 33309 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 11/14/1997 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For ZZ841 State Rd7 2901 Clin+ Moore Rd 65-0797776 Not Applicable Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Boca Raton FL Bocg 28 Trust Fund Contribution Added to Fees 23 Country USA 8. This corporation owes or has paid the current year Intangible 25 Palm Beach 20 30 Palm Beach 33496 24 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent B1 Name KAYE & ROGER, P.A. 6261 N.W. 6TH WAY 82 Street Address (P.O. Box Number is Not Acceptable) SUITE 103 83 FORT LAUDERDALE FL 33309 84 City Zip Code 85 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. SIGNATURE Signature, typod or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition TITLE 1.1 TITLE GINSBERG, SAUL NAME 1.2 NAME 6003 N. 32ND AVENUE STREET ADDRESS 1.3 STREET ADDRESS **BOCA RATON FL 33496** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change 2.1 TITLE Addition TITLE **DEMAREST, SCOTT** NAME 2.2 NAME **ANDO** N.**B./**32ND AVENUE STREET ADORESS 2.3 STREET ADDRESS **BOCA RATON FL 33496** CITY-ST-ZIP 2.4 CITY-ST-ZIP OELETE Change Addition TITLE 3.1 TITLE STABERG, LASSA NAME 3.2 NAME 3073 N.W OFFI STREET STREET ADDRESS 3.3 STREET ADDRESS BOOK RATON FL 33496 CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST-ZIP Addition DELETE Change TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 6.4 CITY - ST - ZIP

14. Thereby certify that the information supplied with this filling docinot 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 supplements and that it am an officer or director of the corporation or the egoiver of huster 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 adaptment with an address.

1/36/98