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Secretary of State

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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000005726

1. Corporation Name
IZSCREAMS, INC.

Principal Place of Business
3954 WEST RIVERSIDE DRIVE
FORT MYERS FL 33901

Mailing Address
3954 WEST RIVERSIDE DRIVE
FORT MYERS FL 33901

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
01/20/1998

4. FEI Number
65-0817655

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business
21 2235 First St

Suite, Apt. #, etc.
22 101

City & State
23 Ft Myers FL

Zip Country
24 33901 25 Lee

2a. Mailing Address
26 2235 First St

Suite, Apt. #, etc.
27 101

City & State
28 Ft Myers FL

Zip Country
29 33901 30 Lee

9. Name and Address of Current Registered Agent

MURPHY, JEAN
3954 WEST RIVERSIDE DRIVE
FORT MYERS FL 33901

10. Name and Address of New Registered Agent

81 Name KENNETH SQUIRES
82 Street Address (P.O. Box Number is Not Acceptable)
235 S.W. 33RD ST.
83
84 City CAPE CORAL FL 85 Zip Code 33914

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 *Kenneth Squires* 1-25-99
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☒ DELETE
NAME MURPHY, JEAN M
STREET ADDRESS 3954 WEST RIVERSIDE DRIVE
CITY-ST-ZIP FORT MYERS FL 33901

TITLE PD ☐ DELETE
NAME GERALDINE SPALVIA
STREET ADDRESS 4527 SKYLINE BLVD
CITY-ST-ZIP CAPE CORAL FL 33914

TITLE UP ☐ DELETE
NAME KENNETH SQUIRES
STREET ADDRESS 235 SW 33RD ST
CITY-ST-ZIP CAPE CORAL FL 33914

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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.

SIGNATURE: *Kenneth Squires*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-25-99 941 574-8844
Date Daytime Phone #

CR2E034 (11/98)