## 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

## DOCUMENT # P98000021874

MAKU ICE AND SCULPTING SERVICE, INC.

## **FILED** Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90016 012 \*\*\*150.00



Principal Place of Business Mailing Address							<b>-</b>	114 (BLUE )BEHI BUHI 8			
5320 DESMONE	DIANE	5320 DESMO	5320 DESMOND LANE								
ORLANDO FL 3			ORLANDO FL 32821				DO NOT WRITE IN THIS SPACE				
							3. Date Incorpo			SPACE	
							03/02/199		•		
2. Principal Pl	lace of Business	2a. Mailing A	Address				4. FEI Number			Ap	plied For
21		26					59-	- 34949	१९४	<del></del>	t Applicable
Suite, Apt.	#, etc.		ot. #, etc.					Olater Desired	·	\$8.75	
22		27					5. Certifcate of	Status Desired		Fee Re	quired
City & State	e	City & S	tate				6. Election Cam	paign Financing		\$5.00	May Be
23		28					Trust Fund C	ontribution		Added t	o Fees
Zip	Country	Zip	_	Country	<i>†</i>		8. This corporat		rrent year Int		
24	25	29		30			Personal Pro	<del></del>	D1-4d	Yes	□No
	9. Name and Address of Cu	urrent Registered Ago	ent	81	Nar		10. Name and A	agress of New	Registerea	Agent	
MAK	TE YOICHE			١٠.	1401	iie					
MAKU, YOICHI 5320 DESMOND LANE						et Addre	ress (P.O. Box Number is Not Acceptable)				
	ANDO FL 32821										
0,12	70700 1 0 00021			83							
				84	City	/		<del></del>	FL	85 Zip (	Code
11 Pursuant	to the provisions of Sections 607	7 0502 and 607 1508	Florida Statutes	the above	e-nam	ed corpo	oration submits this	statement for the	e purpose of	changing its	registered
office or n	registered agent, or both, in the Sim familiar with, and accept the o	State of Florida. Such c	change was aut	horized by	the c	orporation	n's board of directo	rs. I hereby acce	pt the appoi	ntment as re	gistered
agent.iai	im lamiliar with, and accept the o	onganggs or, section t						*		_	
	ا براستها	II		ua Statutes	<b>3</b> .			1 7	-0	$\alpha$	}
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SIGNATURE	OFFICER D MAKU, YOICHI	o age and tille if applicable. S AND DIRECTORS	(NOTE: R	Registered Agei		ure required		ے ۔ HANGES TO O	DATE OF THE PROPERTY OF THE PR		
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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:

407-238-6426