PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90192 046 ***150.00

DOCUMENT # POSOCOCSOA7

1. Corporation SHAVE I	ICE SHACKS, INC.		•			
Principal Plac	e of Business	Mailing Address		i Matter tie inter tater and nave natur		
965 PUTTERS GREEN WAY N. 885 PUTTERS GREEN WAY I			L.			•
JACKSONVILLE FL 32259 JACKSONVILLE FL 32259				DO NOT WRITE IN THIS	SPACE	
				3. Date Incorporated or Qualifed		
				07/15/1998		
2 02 10	Manager Charleson	2a. Mailing Address		4. FEI Number	App	iled For
	Mace of Business	26. Making Address		59-3520272		Applicable
21 Suite, Apt.	# etc	Suite, Apt. #, etc.			\$8.75 A	dditional
22	<i>π</i> , αω.	27		5. Certificate of Status Desired	Fee Rec	beriup
City & Stat	LD	City & State		6. Election Campaign Financing	\$5.00 !	May Bo -
23		28		Trust Fund Contribution	Added to	Fees
Zip	Country	Zip	Country	8. This corporation owes the current year int		
24	35		0]	Personal Property Tax.		□No
	9 Hame and Address of Curren	t Registered Agent	81 Name /	10. Name and Address of New Registered	Agent	
/ LAIE	D OCH LADOV ID		Z	AN)ER		
LAIER, BEN LARRY JR : 865 PUTTERS GREEN WAY N.			82 Street Add	ress (P.O. Box Number is Not Acceptable)		
	KSONVILLE FL 32259		83			
اممن	ROOMILLE I E SEES		"			
			84 City	FL	85 Zip C	ode
-44	to the consistence of Captions 807 050	2 and 607 1508 Elocida Statutes	the shows-named corr	and a standard for the extenses of	changing its s	registered
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 appent the obligations of, Section 607,0505, Florida Statutes.						
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SIGNATURE	- Der Javar	Janes, De	ENVIN 6	ed when remstering) DAJE (7	
l .	Signature, typed or printed name of registrated agen	Janes, De	DUWL U	L 411819	ID DIRECTOR	
SIGNATURE	Signature, typed or printed name of registrated spare OFFICERS AN	it and tide if applicable. (NOTE: R	agistared Agent signature require	ed when remstering) DAJE (7	
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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.

6.4 CITY-ST-ZIP