PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9800086377

FLORIDA FREEZZ OF SOUTHWEST FLORIDA, INC.

FILED Jun 17, 1999 8:00 am Secretary of State

06-17-1999 90003 006 ***150.00 07-13-1999 90008 041 ***400.00

		_							
Principal Place of Business Mailing Address								(1841/24) 119 15141 1611) 25(1) 25(1) 25(1) 25(1) 25(1) 25(1) 25(1) 25(1) 25(1)	
4435 SOUTHEAST 20TH AVENUE				4435 SOUTHEAST 20TH AVENUE				9	
CAPE CORAL	FL 33904	CAPE	CAPE CORAL FL 33904				DO NOT WRITE IN THIS SPACE		
								3. Date Incorporated or Qualified	
								09/30/1998	
2. Principal Place of Business				2a. Mailing Address				4. FEI Number Applied For	
21		26	26				6'5-0879273 Not Applicable		
Suite, Apt. #, etc.				Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional	
22		27					Fee Required		
City & State				City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
Zip Country				Zip Country				Trust Fund Contribution Added to Fees 8. This corporation owes the current year	
Zip	25			29 30				Intangible Personal Property. Yes No	
24		d Address of Curren	11	ed Agent	130	Т		10. Name and Address of New Registered Agent	
						81	Name		
	row, Paul I					82	Street Ad	Idress (P.O. Box Number is Not Acceptable)	
3501 DEL PRADO BOULEVARD							Street Ad	dress (P.O. Box Number is Not Acceptable)	
	TE 205	****				83			
CAF	PE CORAL FL	33904				84	City	85 Zip Code	
-						04	City	FL S Z COGE	
office or agent. I s	registered agen am familiar with	ns of sections 607.0502 t, or both, in the State and accept the oblige	and 607. of Florida. tions of, s	Such change was a ection 607.0505, Fk	authoni orida S	zed by tatutes	-named corpora the corpora s.	poration submits this statement for the purpose of changing its registered ation's board of directors. I hereby accept the appointment as registered **PRESIDENT 7-8-99**	
SIGNATURE]		rinted name of registered agen	t and title if ap		OTE: Regi	istered A	gent signature r	equired when reinstating) DATE	
12.		OFFICERS AN	D DIRECT	ORS	1:	3.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D			DELETE	1.1	TITLE		Change Addition	
NAME	LATASSA,				1.2	NAME			
STREET ADDRESS						STREET	ADDRESS		
CITY-ST-ZIP	CAPE COR	AL FL 33904			_	CITY-S1	T-ZIP		
TITLE				☐ DELETE		TITLE		Change Addition	
NAME I	}				1	NAME			
STREET ADDRESS	}				- 1		ADDRESS		
CITY-ST-ZIP				··· []		CITY-ST	r-ZIP		
TITLE	يد سمعدي س			DELETE -		TITLE -	-	Change Addition	
NAME						NAME	4000000		
STREET ADDRESS							ADDRESS		
C/TY-ST-ZIP						CITY-ST	I-ZIP	Change Addition	
TITLE				DELETE		NAME		Change Addition	
NAME							ADDRESS		
STREET ADDRESS					- 1		!		
CITY-ST-ZIP				Documen		CITY-ST	1-ZIP	Change Addition	
TITLE				☐ DELETE		NAME			
NAME	}				1		ADDRESS		
STREET ADDRESS						CITY-S		,	
CITY-ST-ZIP TITLE				DELETE	_	TITLE		Change Addition	
NAME						NAME	ļ		
STREET ADDRESS					1		ADDRESS		
CITY-ST-ZIP						CITY-ST	1		

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 artistachment with an application.

SIGNATURE:

ANTHONY (ATASSA 78-95 941-540-245)