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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

| | 1996 | CONTRACTOR OF THE PARTY OF THE | DIA | | | | - 1 | | | | | |
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| DOCUI 1. Corporation | MENT # S | 34577 | | (4) | | | | | | | | |
| | ICED COATING | SYSTEMS, INC | C. | | | | | | | | | |
| | | | | | | | | | | | | |
| Principal Place | of Business | | Mailing Addre | :ss | | | |) [881] [8] 11 0 | I aldo l bilik iddil | | | Oldii Didii iddi |
| 600 SANDTR | EE DRIVE | | 600 SANDTI | | | | | | | | | |
| SUITE 206C | H GARDENS FL 33410 | | SUITE 2060 PALM BEAC | | S EL 22410 | | ŀ | | | | | |
| US | TOWNSENS TE SOTIO | | US | OT ONNUE | S FE 33410 | | | 3. Date Incorporated | or Qualified | | e of Last F | |
| 2. Principal Pk | ace of Business | T | 2a. Mailing Ac | Idress | | | | 02/25/1991 4. FEI Number | | | 6/21/19 | Applied For |
| 11 931 | West 1 | | 26 431 | 4 . | 5+ 1: | 5-13 | st | 65-024880 | 1 | | \longrightarrow | Not Applicable |
| Suite, Apt. | #, etc. | | Suite, Apt | . #, etc | | | | 5. Certificate of State | us Desired | | | Additional |
| 22 C <u>ity</u> & State | <u></u> | 2 | 27 City & Sta | lo | | | | | | | | Required |
| B Pivi | ERA BC | h F/2 | | ica. | A BO | h. 7 | =1 | Election Campaign Trust Fund Contril | *** | | - | 0 May Be d to Fees |
| ^{Zip} ろう | HOH Count | ´ - | Zp 2 | 404 | Countr | <i>-</i> | | 8. This corporation h | as liability for i | ntang ble ta | | |
| 4 50 | 9. Name and Addi | | 29 | | 30 | | | Florida Statutes | Yes | X No | A | |
| | g. Hallie and Addi | ess of Current Ne | gistered Agei | · · · · | 81 | Name | | 10. Name and Addre | ess of New H | egisterea | Agent | |
| WHITE. | SCOTT A. | | | | 82 | | ممددادات | (P.O. Box Number is | Not Appositely | la) | | |
| 18299 S | E RIDGEVIEW DRIV | E | | | 82 | Street A | vociress | (P.O. Box Number is | Not Acceptab | ю | | |
| TEQUES | STA FL 33469 | | | | 83 | 3 | | | | | | |
| | | | | | | | | | | | | |
| | | | | | 84 | l City | | | | | 85 Z | p Code |
| 11. Pursuant t | to the provisions of Sec ed agent, or both, in th | tions 607.0502 and e State of Floreta S | l 607.1508, Flo | rida Statute | es the akeve | named cov | rporatio | n submits this statem | ent for the pur | FL pose of ch | angino ito i | p Code registered offici |
| or register | to the provisions of Sec ed agent, or both, in th th, and accept the oblig Systum typed or profed name | e State of Florida, S jations of, Section 6 | Such Change wa 507.0505, Florid | as authorize ba Statutes. | es the akeve | named corporation's b | ooard o | f directors. Hiereby ac | ent for the pur coept the appo | do lo coco | angino ito i | raciatorad office |
| or register familiar wit SIGNATURE | ed agent, or both, in th th, and accept the oblic Synature typed or printed name | e State of Florida, S jations of, Section 6 | Such Change wa 507.0505, Florid deli applicable RECTORS | as authorize ba Statutes. | es the above and by the corp TE Registred Age 13. | named corporation's b | qued wh | f directors. Hiereby ac | coept the appo | pose of characteristics of the contracter of the | anging its is registered | registered offici I agent. I am DRS IN 12 |
| or register familiar wit SIGNATURE 112. | ed agent, or both, in this, and accept the oblig | e State of Florida S lations of, Section 6 in of registrand agencia dut OFFICERS AND DIF | Such Change wa 507.0505, Florid deli applicable RECTORS | as authorize ba Statutes. | es the above ed by the corp TE Regioned Age 13. | named cor poration's b | quied who | f directors. Thereby actions to the strength of the strength o | IGES TO OFF | pose of chi pritment as trate OERS AND | anging its in anging its in a registered DIRECTO | registered offici I agent. I am |
| or register familiar with SIGNATURE 12. TITLE NAME | ed agent, or both, in the this, and accept the oblig Synature typed or printed national D WHITE, SCOTT A | e State of Floretai S lations of, Section 6 in of regenteral agent and in OFFICERS AND DIF | Such Change wa 507.0505, Florid deli applicable RECTORS | as authorize ba Statutes. | es the above ed by the corp E. Regioned Agr 13. 1 THLE 12 NAME | named corporation's b | quied who | f directors. Thereby actions to the strength of the strength o | IGES TO OFF | pose of chi pritment as trate OERS AND | anging its in anging its in a registered DIRECTO | registered offici I agent. I am DRS IN 12 |
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SIGNATURE: SIGNATURE AND TYPES OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-96 407-881-9191