### FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

#### **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

# 1999 DOCUMENT # V18465

#### **ICEMAN CORPORATION**

## **FILED** Jan 22, 1999 8:00am **Secretary of State**

01-22-1999 90026 027 \*\*\*150.00



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Principal Place of Business Mailing Address									
2319 W. CLAY ST. KISSIMMEE FL 34741 US		PO BOX 422165 Kissimmee Fl 34741 Us	KISSIMMEE FL 34741			DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualifed 03/04/1992			
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number	I A	pplied For	
21		26	. '			59-3106150		lot Applicable	9 🖟
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired	\$8.75 Additional Fee Required		
City & Stat	e	City & State	<del> </del>			6. Election Campaign Financing Trust Fund Contribution	S5.00 May Be Added to Fees		
Zip Country		Zip	Zip Country			8. This corporation owes the current year Intangible			
24 25		29	29 30			Personal Property Tax.		□No	
	9. Name and Address of Curr	ent Registered Agent				10. Name and Address of New Registered	Agent		4
		7		81	Name				İ
434	ter, daniel R. L'akeshore blvd.				Street Addre	ess (P.O. Box Number is Not Acceptable)			_
KISS	SIMMEE FL 34741		į	83			41.7		
				84	City	FI	85 Zip	Code	i
office or r	egistered agent, or both, in the Stat im familiar with, and accept the obliq	e of Florida. Such change was gations of, Section 607.0505, F	authorized	l bv tr	named corpo ne corporation	ration submits this statement for the purpose o i's board of directors. I hereby accept the appo	f changing it intment as r	s registered egistered	
	Signature, typed or printed name of registered a			Agent :	signature required		ND DIDECT	ODC IN 12	<b>⊣</b> 6
12.	OFFICERS AND DIRECTORS 13.				ADDITIONS/CHANGES TO OFFICERS A	Change		S (11/98	
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NAME	BAXTER, DANIEL R.							3	
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NAME .	સ્ત્રિકો મુંહરોત, જ કુટ કે	•	6.2 NA	ME					
STREET ADDRESS			6.3 ST	REETA	ADORESS	_			

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 address, with all other like empowered.

**SIGNATURE**