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Feb 03 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V36952 (2)

1. Corporation Name
ICE CHATEAU ACQUISITION, INC.



Principal Place of Business
1097 N. TAMiami TRAIL
NOKOMIS FL 34275
US

Mailing Address
1097 N. TAMiami TRAIL
NOKOMIS FL 34275-2163
US

3. Date Incorporated or Qualified 05/18/1992
3a. Date of Last Report 06/27/1996

2. Principal Place of Business
21 1266 US 41 Bypass S
Suite, Apt. #, etc.
22
City & State VENICE, FL
23
Zip 34292 Country SARASOTA
24
25
26 1266 US 41 Bypass S
Suite, Apt. #, etc.
27
City & State VENICE, FL
28
Zip 34292 Country SARASOTA
29
30

4. FEI Number 59-3128779
Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

DOLAN, WILLIAM W.
% DUFFEY AND DAVIS, P.A.
1515 RINGLING BLVD., SUITE 800
SARASOTA FL 34236

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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 accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE
Signature (typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstalling) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GAUDIEL, MARTHA A.	1.2 NAME	
STREET ADDRESS	329 S NOKOMIS AVE	1.3 STREET ADDRESS	
CITY - ST - ZIP	VENICE FL	1.4 CITY - ST - ZIP	
TITLE	VP	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GAUDIEL, REMO G	2.2 NAME	
STREET ADDRESS	329 S NOKOMIS AVE	2.3 STREET ADDRESS	
CITY - ST - ZIP	VENICE FL	2.4 CITY - ST - ZIP	
TITLE	T	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BATIATO, RAYMOND J	3.2 NAME	
STREET ADDRESS	790 PERCHERON CR	3.3 STREET ADDRESS	
CITY - ST - ZIP	NOKOMIS FL	3.4 CITY - ST - ZIP	
TITLE	S	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BATIATO, DOLORES A	4.2 NAME	
STREET ADDRESS	790 PERCHERON CR	4.3 STREET ADDRESS	
CITY - ST - ZIP	NOKOMIS FL	4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-27-97/941-484-0080

CR2E034 (9/96)