

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F95000006053 (1)**

1. Corporation Name  
**I C E C SEAFOOD CORP.**



Principal Place of Business: **2975 WESTCHESTER AVE. PURCHASE NY 10577**  
Mailing Address: **2975 WESTCHESTER AVE. PURCHASE NY 10577**

2. Principal Place of Business: **21 14502 DALE MABRY HWY 22 200 23 TAMPA, FLA 24 33624 25 U.S.A.**  
2a. Mailing Address: **26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30**

3. Date Incorporated or Qualified: **12/13/1995**  
3a. Date of Last Report: **12/13/1995**  
4. FEI Number: **13-3829584**  
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

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE FL 32301**

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 607.0402 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 (last, first, middle initial, if any)

Title (Agent, Director, or other title)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b>	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WOODHOUSE, CHARLES F</b>	12 NAME	
STREET ADDRESS	<b>2010 PINE ST.</b>	13 STREET ADDRESS	
CITY-ST-ZIP	<b>PHILADELPHIA PA</b>	14 CITY-ST-ZIP	
TITLE	<b>S</b>	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROSNER, RONALD F</b>	22 NAME	
STREET ADDRESS	<b>300 E. 34TH ST.</b>	23 STREET ADDRESS	
CITY-ST-ZIP	<b>NEW YORK NY 10016</b>	24 CITY-ST-ZIP	
TITLE	<b>T</b>	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ENGLEKING, PETER</b>	32 NAME	
STREET ADDRESS	<b>RFD ARMOUR ROAD</b>	33 STREET ADDRESS	
CITY-ST-ZIP	<b>MT. KISCO NY 10549</b>	34 CITY-ST-ZIP	
TITLE	<b>D</b>	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FINLEY, EMIL S</b>	42 NAME	
STREET ADDRESS	<b>2975 WESTCHESTER AVENUE</b>	43 STREET ADDRESS	
CITY-ST-ZIP	<b>PURCHASE NY 10577</b>	44 CITY-ST-ZIP	
TITLE	<b>D</b>	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CARPENTER, F J</b>	52 NAME	
STREET ADDRESS	<b>2975 WESTCHESTER AVENUE</b>	53 STREET ADDRESS	
CITY-ST-ZIP	<b>PURCHASE NY 10577</b>	54 CITY-ST-ZIP	
TITLE	<b>CONT</b>	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LEONE, VINCENT</b>	62 NAME	
STREET ADDRESS	<b>649 CHALLINOR DR.</b>	63 STREET ADDRESS	
CITY-ST-ZIP	<b>YORKTOWN HGTS NY 10598</b>	64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntary for the Filer and does not comply with the exemption in Subchapter Section 119.07(3)(a), 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 trustee or trustee empowered to execute the report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13, changed to or omitted, as applicable, with an X in the box.

SIGNATURE:

*Vincent Leone* **VINCENT LEONE - CONTROLLER 3/15/96**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)