

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

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 MAY -1 PM 8:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **820518** (9)

1. Corporation Name  
**ORANGE JULIUS OF AMERICA**

Principal Place of Business Mailing Address  
**7505 METRO BLVD P O BOX 39266**  
**MINNEAPOLIS MN 55439 MINNEAPOLIS MN 55439**  
**US US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified <b>06/12/1967</b>	3a. Date of Last Report <b>04/19/1994</b>
4. FEI Number <b>95-2241725</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Country 29	Country 30

9. Name and Address of Current Registered Agent <b>CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324</b>	10. Name and Address of New Registered Agent B1 Name B2 Street Address (P.O. Box Number is Not Acceptable) B3 B4 City FL B5 Zip Code
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	MOOTY, JOHN W.	1.2 NAME	
STREET ADDRESS	6600 DOVRE DRIVE	1.3 STREET ADDRESS	
CITY - ST - ZIP	EDINA MN	1.4 CITY - ST - ZIP	
TITLE	PD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	SULLIVAN, MIKE	2.2 NAME	
STREET ADDRESS	70 WOODLAND CRCL.	2.3 STREET ADDRESS	
CITY - ST - ZIP	EDINA MN	2.4 CITY - ST - ZIP	
TITLE	CFOT	3.1 TITLE	<input type="checkbox"/> Change
NAME	MOOTY, CHARLES W	3.2 NAME	
STREET ADDRESS	4815 MOORLAND AVE.	3.3 STREET ADDRESS	
CITY - ST - ZIP	EDINA MN	3.4 CITY - ST - ZIP	
TITLE	VP	4.1 TITLE	<input type="checkbox"/> Change
NAME	WATSON, EDWARD A.	4.2 NAME	
STREET ADDRESS	11030 OREGON AVE SO.	4.3 STREET ADDRESS	
CITY - ST - ZIP	BLOOMINGTON MN	4.4 CITY - ST - ZIP	
TITLE	S	5.1 TITLE	<input type="checkbox"/> Change
NAME	BOND, DAVID M.	5.2 NAME	
STREET ADDRESS	10033 IRWIN ROAD	5.3 STREET ADDRESS	
CITY - ST - ZIP	BLOOMINGTON MN	5.4 CITY - ST - ZIP	
TITLE	D	6.1 TITLE	<input checked="" type="checkbox"/> Change
NAME	LUTHER, RUDY	6.2 NAME	Director
STREET ADDRESS	5608 PARKWOOD LANE	6.3 STREET ADDRESS	Frank Haib
CITY - ST - ZIP	EDINA MN	6.4 CITY - ST - ZIP	367 Sugar mill Drive Osprey FL

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statute; 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 I were the 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 the information in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: \_\_\_\_\_ DATE: **4/26/95** (612) 830-1  
David M. Bond Secretary/Assistant Treasurer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR