

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **820518** (9)

1. Corporation Name
ORANGE JULIUS OF AMERICA



Principal Place of Business: **7505 METRO BLVD MINNEAPOLIS MN 55439 US**
Mailing Address: **P O BOX 39286 MINNEAPOLIS MN 55439 US**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		06/12/1967	05/01/1995
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	Applied For
22		27		95-2241725	Not Applicable
City & State		City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
23		28		<input type="checkbox"/>	
Zip	Country	Zip	Country	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24	25	29	30	<input type="checkbox"/>	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

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

FL

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 or director, as applicable. (NOTE: Registered Agent's signature is required when terminating.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	CFOT <input type="checkbox"/> DELETE	3.1 TITLE	
NAME	MOOTY, CHARLES W.	3.2 NAME	
STREET ADDRESS	4615 MOORLAND AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	EDINA MN	3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	VP <input type="checkbox"/> DELETE	4.1 TITLE	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	S <input type="checkbox"/> DELETE	5.1 TITLE	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	
NAME	HAIT, FRANK	6.2 NAME	
STREET ADDRESS	387 SUGAR MILL DRIVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	OSPREY FL	6.4 CITY-ST-ZIP	

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 119.07(3)(k), 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, 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: *David M. Bond*
David M. Bond
Secretary/Assistant Treasurer

425-96 612-830-0356

CR2E034 (12/95)