

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

FILED
May 09 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 # 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 55439-0286 US
---	--

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 06/12/1967	3a. Date of Last Report 04/30/1996
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 95-2241725	Applied For Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 Zip	28 Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24 Zip	25 Country	29 Zip	30 Country
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
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

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	8600 DOVRE DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	EDINA MN	1.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 <input type="checkbox"/> DELETE	3.1 TITLE	CFO, Treasurer & Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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	
TITLE	VP <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAIT, FRANK	6.2 NAME	
STREET ADDRESS	367 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 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: *Charles W Mooty* 4-28-97 (612) 830-0356

CR2E034 (9/96)