

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

0075763  
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PROFIT CORPORATION ANNUAL REPORT 1998



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

FILED

98 JUL 31 AM 8:45

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # P95000038185 (1)  
 1. Corporation Name

FAMILY YOGURT & ICE CREAM, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business: 5283 W ATLANTIC BOOTH 156 # 37 DELRAY BEACH FL 33484 US  
 Mailing Address: 9479A BOCA GARDENS PKWY. BOCA RATON FL 33496

3. Date Incorporated or Qualified: 05/12/1995  
 4. FEI Number: 38-3195663  
 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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes [X] No [ ]

2. Principal Place of Business: 21  
 2a. Mailing Address: 26  
 Suite, Apt. #, etc.: 22 Booth # 37  
 City & State: 23  
 Zip: 24 Country: 25  
 City & State: 27  
 Zip: 28 Country: 29

9. Name and Address of Current Registered Agent  
 D'ONOFRIO, JOSEPH  
 9479A BOCA GARDENS PKWY.  
 BOCA RATON FL 33496

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: \_\_\_\_\_ DATE: \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	D'ONOFRIO, JOSEPH	
STREET ADDRESS	9479A BOCA GARDENS PKWY.	
CITY-ST-ZIP	BOCA RATON FL 33496	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BREY, JOSEPH	
STREET ADDRESS	9479A BOCA GARDENS PKWY.	
CITY-ST-ZIP	BOCA RATON FL 33496	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	600002608726- - 6
1.3 STREET ADDRESS	-08/05/98--01123--007
1.4 CITY-ST-ZIP	****150.00 ****150.00
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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 society 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 organ attachment with an address.

SIGNATURE: \_\_\_\_\_ DATE: 7/6/98 561-637-3040

CR2E034 (5/98)

7/6/98

(2)

DIVISION OF CORPORATIONS  
ANNUAL REPORTS FILINGS  
PO BOX 1500  
TALLAHASSEE, FL.

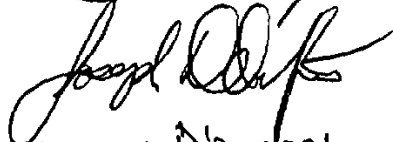
DEAR SIRs,

AS PER MY CONVERSATION WITH ANDY  
ON 7/6/98 AT 11:55 AM, I HAVE ENCLOSED A CHECK FOR  
ONE HUNDRED AND FIFTY DOLLARS FOR MY 1998 PROFIT  
CORPORATION ANNUAL REPORT.

ON APRIL 27<sup>th</sup> + MAY 26<sup>th</sup>, I REQUESTED  
THE REPORT PACKET WHICH I HAD NOT RECEIVED  
AFTER I RECEIVED THE SECOND NOTICE PACKET ON 7/6/98  
I CALLED + SPOKE WITH ANDY AT (850-488-9000) WHO TOLD  
ME TO SUBMIT A LETTER OF EXPLANATION WITH A CHECK  
+ THE REPORT

THANK YOU FOR YOUR CONSIDERATION

SINCERELY



JOSEPH DONOFRIO

FAMILY YOGURT + ICE CREAM, INC  
BOOTH # 37  
DeLray Beach, FL. 33484