

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

0312304

**FILED**  
**Apr 29, 1999 8:00 am**  
**Secretary of State**

04-29-1999 90062 040 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P98000056493**

1. Corporation Name  
**TRIPLE CROWN ICE CREAM, INC.**



Principal Place of Business 301 N.E. 36TH STREET OAKLAND PARK FL 33334	Mailing Address 301 N.E. 36TH STREET OAKLAND PARK FL 33334
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	10072 NW 53rd St.	26	10072 NW 53rd St.	06/24/1998	
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		4. FEI Number	
23. City & State		28. City & State		65-0848898	
24. Zip		29. Zip		30. Country	
32,351		33351		USA	
25. Country		31. Country		Applied For	
USA		USA		No Applicable	
5. Certificate of Status Desired				8. This corporation owes the current year Intangible Personal Property Tax.	
<input type="checkbox"/>				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
5. Election Campaign Financing Trust Fund Contribution				\$8.75 Additional Fee Required	
<input type="checkbox"/>				\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

**ADDLESTONE, GAIL**  
 301 N.E. 36TH STREET  
 OAKLAND PARK FL 33334

10. Name and Address of New Registered Agent

81. Name	Gail Addlestone (same)
82. Street Address (P.O. Box Number is Not Acceptable)	10072 NW 53rd St. (NW Address)
83. City	Sunrise
84. State	FL
85. Zip Code	33351

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

TITLE	PTD	<input type="checkbox"/> DELETE
NAME	JACOBS, GAILA A	
STREET ADDRESS	P.O. BOX 820483	
CITY-ST-ZIP	SOUTH FLORIDA FL 33082-0483	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	GRASSIE, HARLYNE	
STREET ADDRESS	P.O. BOX 820483	
CITY-ST-ZIP	SOUTH FLORIDA FL 33082-0483	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	SAME
1.3 STREET ADDRESS	BUT NOW ALSO SECRETARY
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	THIS DIRECTOR IS NO LONGER AN OFFICER
2.3 STREET ADDRESS	
2.4 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 receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 1.2 or Block 1.3 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Gail Jacobs Gail Jacobs president 4/23/99 954-292-2716

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)