SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra 8 Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS **DOCUMENT #** (9)SUN COAST ICE CREAM SHOPPES, INC. Principal Place of Business Mailing Address 419 A. ST. ARMANDS CIRCLE 419 A. ST. ARMANDS CIRCLE SARASOTA FL 34236 SARASOTA FL 34236 3. Date Incorporated or Qualified 3a. Date of Last Report 02/05/1974 <u>08/08/1995</u> 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 59-1507518 Not Applicable Suite, Apt. #, etc. Suite Apt #, etc \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation has liability for intangible tax under s. 199 032
Florida Statutes Yes No 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name FISCHER, DOROTHY A. 419 A. ST. ARMANDS CIRCLE 82 Street Address (P.O. Box Number is Not Acceptable) SARASOTA FL 34236 83 84 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature type line probed numer of traje breed agost and title diapplicable (NOTE Follow tend Agent signature regited when redistrings LATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (36/8)TITLE **PMD** DELETE 1.1 FILE Change Addition NAME FISCHER, DOROTHY 1.2 NAME JANET OAKES CR2E034 STREET ADDRESS 419 A. ARMANDS CIRCLE ISE CORNELIUS SARASOTA 7L 34232 1.3 STREET ADDRESS SARASOTA FL CITY-ST-ZIP 1.4 CITY - ST-ZIP TITLE DELETE 2 I TITLE Change Addition NAME TRICIA THOMAS
520 Briarchiff Dr
MKASOIN 46 342 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIF 2 4 CITY - ST - ZiP TITLE DELETE 3.1 TITLE NAME 3.2 NAME STREET ADORESS 3.3 STREET ADDRESS CITY - ST- ZIP 34 CITY - ST-ZIP TITLE DELETE 4.1 TITLE Criange Addition NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP TITLE DELETE 5.1 TIFLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5.4 CITY - \$1 - ZIP TITLE DELETE 6.1 Till E Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6 4 CHY-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 1 turther 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 are an oticer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617. Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

7/30/96 941-3882222