

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
 AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED  
 Aug 19 1997 8:00am  
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **834657** (9)  
 1. Corporation Name  
**SWENSEN'S ICE CREAM COMPANY**



Principal Place of Business <b>4175 VETERANS HWY. RONKONKOMA NY 11779</b>	Mailing Address <b>4175 VETERANS HWY. RONKONKOMA NY 11779</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>07/11/1975</b>	3a. Date of Last Report <b>05/01/1996</b>
21 Suite, Apt. #, etc.	22 City & State	26 Suite, Apt. #, etc.	27 City & State	4. FEI Number <b>94-1724297</b>	Applied For <input type="checkbox"/> Not Applicable
23 Zip	25 Country	29 Zip	30 Country	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

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 <b>CD</b>	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>SMITH, RICHARD</b>		1.2 NAME	
STREET ADDRESS <b>4175 VETERANS HWY.</b>		1.3 STREET ADDRESS	
CITY-ST-ZIP <b>RONKONKOMA NY 11779</b>		1.4 CITY-ST-ZIP	
TITLE <b>P</b>	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>WELTY, JOHN R.</b>		2.2 NAME	
STREET ADDRESS <b>4175 VETERANS HWY.</b>		2.3 STREET ADDRESS	
CITY-ST-ZIP <b>RONKONKOMA NY 11779</b>		2.4 CITY-ST-ZIP	
TITLE <del>VFO</del>	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <del>RIDGELL, GRAHAME E.</del>		3.2 NAME	
STREET ADDRESS <del>4175 VETERANS HWY.</del>		3.3 STREET ADDRESS	
CITY-ST-ZIP <del>RONKONKOMA NY 11779</del>		3.4 CITY-ST-ZIP	
TITLE <b>SI</b>	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>ANDRECHAK, RICHARD, E</b>		4.2 NAME	
STREET ADDRESS <b>4175 VETERANS HWY.</b>		4.3 STREET ADDRESS	
CITY-ST-ZIP <b>RONKONKOMA NY 11779</b>		4.4 CITY-ST-ZIP	
TITLE <b>VD</b>	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>STEVENS, GARY, P</b>		5.2 NAME	
STREET ADDRESS <b>4175 VETERANS HWY.</b>		5.3 STREET ADDRESS	
CITY-ST-ZIP <b>RONKONKOMA NY 11779</b>		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: \_\_\_\_\_

CR2E034 (4/97)