

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

FILED  
Apr 15 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra S. Northing</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # J23702 (0)**  
1. Corporation Name  
**SOUTHWEST FLORIDA YOGURT ENTERPRISES, INC.**



Principal Place of Business <b>1500 COLONIAL BLVD #103 FORT MYERS FL 33907 US</b>	Mailing Address <b>1500 COLONIAL BLVD SUITE 103 FORT MYERS FL 33907-1025 US</b>
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<b>3. Date Incorporated or Qualified</b> 07/11/1986	<b>3a. Date of Last Report</b> 04/09/1996
<b>4. FEI Number</b> 59-2741247	Applied For Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
<b>6. Election Campaign Financing Trust Fund Contribution</b> <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
<b>8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	

<b>2. Principal Place of Business</b>	<b>2a. Mailing Address</b>
<b>21</b>	<b>26</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
<b>22</b>	<b>27</b>
City & State	City & State
<b>23</b>	<b>28</b>
Zip	Zip
<b>24</b>	<b>29</b>
Country	Country
<b>25</b>	<b>30</b>

**9. Name and Address of Current Registered Agent**

**MILLIGAN, JR. J P  
1500 COLONIAL BLVD.  
SUITE 103  
FORT MYERS FL 33907**

**10. Name and Address of New Registered Agent**

<b>81</b> Name
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)
<b>83</b>
<b>84</b> City
<b>85</b> Zip Code

**FL**

**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's signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>ZANONE, CHARLES F.</b>	
STREET ADDRESS	<b>1825 GREENHOUSE PATIO DR</b>	
CITY-ST-ZIP	<b>KENNESAW GA</b>	
TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>DORAN, JIM F.</b>	
STREET ADDRESS	<b>2506 OVERLOOK DR</b>	
CITY-ST-ZIP	<b>GERMANTOWN TN</b>	
TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>SLEDD, KENNETH D.</b>	
STREET ADDRESS	<b>9403 OLD PLANTATION CV</b>	
CITY-ST-ZIP	<b>GERMANTOWN TN</b>	
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**

<b>1.1</b> TITLE	<b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>1.2</b> NAME	<b>ZANONE, Charles F.</b>	
<b>1.3</b> STREET ADDRESS	<b>P.O. Box 504</b>	<b>N/A</b>
<b>1.4</b> CITY-ST-ZIP	<b>WOODSTOCK, GA 30188-0504</b>	
<b>2.1</b> TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>2.2</b> NAME		
<b>2.3</b> STREET ADDRESS		
<b>2.4</b> CITY-ST-ZIP		
<b>3.1</b> TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>3.2</b> NAME		
<b>3.3</b> STREET ADDRESS		
<b>3.4</b> CITY-ST-ZIP		
<b>4.1</b> TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>4.2</b> NAME		
<b>4.3</b> STREET ADDRESS		
<b>4.4</b> CITY-ST-ZIP		
<b>5.1</b> TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>5.2</b> NAME		
<b>5.3</b> STREET ADDRESS		
<b>5.4</b> CITY-ST-ZIP		
<b>6.1</b> TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>6.2</b> NAME		
<b>6.3</b> STREET ADDRESS		
<b>6.4</b> 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:** *Jim F. Doran* **JIM F. DORAN** *3/10/97* **APR 15 1997**

CP2E034 (9/96)