

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

**FILED**  
**Feb 21, 1999 8:00 am**  
**Secretary of State**

02-21-1999 90008 006 \*\*\*150.00

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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 # K58539**  
 1. Corporation Name  
**YOGURT & CREME, INC.**

Principal Place of Business 12102 96TH PLACE NORTH SEMINOLE FL 34642	Mailing Address 12102 96TH PLACE NORTH SEMINOLE FL 34642
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>5994 SEMINOLE BLVD</b>	2a. Mailing Address 26 <b>12102 96 PL, NORTH</b>
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State <b>SEMINOLE, FL</b>	28 City & State <b>SEMINOLE, FL</b>
24 Zip <b>33772</b>	29 Zip <b>33772</b>
25 Country	30 Country

3. Date Incorporated or Qualified <b>01/17/1989</b>	
4. FEI Number <b>59-2929724</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent  
**DAVIS, RICHARD C.**  
**920 WEST BAY DRIVE**  
**LARGO FL 34640**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>DPT</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VELTMAN, ALICE LORETTA</b>	1.2 NAME	
STREET ADDRESS	<b>12102 96TH PLACE NORTH</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SEMINOLE FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>DVS</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VELTMAN, RONALD W.</b>	2.2 NAME	
STREET ADDRESS	<b>12102 96TH PLACE NORTH</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SEMINOLE FL</b>	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		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 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, with all other like empowered.

SIGNATURE: Ronald W. Velتمان 1/11/99 (727) 399-1495

CR2E034 (11/98)