

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L91669** (6)

1. Corporation Name

VILLAGE SQUARE YOGURT, INC.



Principal Place of Business

**8130 W. GLADES ROAD
BOCA RATON FL 33434
US**

Mailing Address

**8130 W. GLADES ROAD.
BOCA RATON FL 33434
US**

3. Date Incorporated or Qualified
08/07/1990

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

21 21212 ST. Andrews Blvd

2a. Mailing Address

21212 ST. Andrews Blvd

4. FEI Number

65-0211083

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Boca Raton, FL

City & State

28 Boca Raton, FL

Zip

24 33433

Country

25 US

Zip

29 33433

Country

30 US

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BRONFMAN, ELLIOTT
8130 W GLADES RD
BOCA RATON FL 33434**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

21212 ST. Andrews Blvd.

83

84 City **Boca Raton**

FL

85 Zip Code
33433

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

Signature, typed or printed name of registered agent and title if applicable.

ELLIOTT Bronfman

DATE

2/16/96

12. OFFICERS AND DIRECTORS

TITLE **PTD** ☐ DELETE

NAME **BRONFMAN, ELLIOTT**
STREET ADDRESS **22261 KETTLE CREEK WAY**
CITY - ST - ZIP **BOCA RATON FL**

TITLE **VS** ☐ DELETE

NAME **BRONFMAN, ARIEL**
STREET ADDRESS **22261 KETTLE CREEK WAY**
CITY - ST - ZIP **BOCA RATON FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - 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. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ELLIOTT Bronfman

2/16/96

407-392-0075

Date

Daytime Phone #

CR2E034 (12/95)