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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Socretary of State

1996			7	retary of State DF CORPORATIONS				
DOCU 1. Corporatio	MENT #	M35531	(6)					
THE	FROZEN YO	BURT FACTORY T	WO, INC.			T TO STATE OF THE) 	\$## B(B) \$### \$#### 189#
Principa! Place	e of Business		Mailing Address					åll 31611 01811 01811 1881
1326 STATE ROAD 584			1326 STATE ROAD 584					
	BOR FL 34683		PALM HARBOR FL 34					
						3. Date incorporated or Qualified 07/22/1986	3a. Date of L 04/2	ast Report 7/1995
Principal Place of Business			2a. Mailing Address		4. FEI Number 59-2710338	•	Applied For	
Suite, Apt. #, etc.			Suite, Apt #, etc.			•	Not Applicable 8.75 Additional	
22			27		5. Certificate of Status Desired		Fee Required	
City & State			City & State 28			6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees		
Ζφ 24			Ζίρ 29	Country 30		8. This corporation has liability for intangible tax under s 199.032, Florida Statutes ☐ Yes ☐ No		
		Address of Current Re		1301		10. Name and Address of New R	_	nt
	_			81	Name			
WERNI 868 16	eken, donald	F.		82	Street Addre	ess (P.O. Box Number is Not Acceptab	ie)	- ·
	HARBOR FL 34	RRR		83	·			
* 7 34.77	I W II DOI! I E O	•••		0.4	0.4			
					City		FL 85	1 .
or register	red agent, or both, ith, and accept the	an the State of Florida, Sobligations of, Section 6	Such change was authorizi 107.0505, Horida Statutes	ed by the corpo -	ration's board	ntion submits this statement for the pur d of directors. Thereby accept the appo	oose of changin hintment as regis	g its registered office stered agent. I am
12.	Signature, Usped or prod	od ranic of registered agentalised to OF LICERS AND IDI		113.	Sejruiture respired	ADDITIONS/CHANGES TO OFFI	DATE CEDS AND DID	COLORS IN 12
TITLE	WERNEKEN, DONALD F.		DELETE	1 1 TITLE		ADDITIONS OF MINISTER TO GITT	□ Ch	
NAME				1.2 NAME				
STREET ADDRESS	968 16TH S			1 3 STREET A				
CITY-ST-ZIP TITLE	SD SD	DUN FL	DELETE	1.4 Cily · Si 2.1 Title	· 210·		r i Ch	nange Addition
NAME	WERNEKEN	i, marie	ي عدد د	2 ≥ NAME				ange [] Addition
STREET ADDRESS	868 16TH S			2.3 STREET A	DORESS			
CITY - ST - ZIP	PALM HARI	BOR FL		2.4 CITY - ST	- ZIP			
TITLE			☐ DELETE	3 1 117.6			Cn	nange 🔲 Addition
NAME STREET ADDRESS				3.2 NAME 3.3 STHEET	ADDRESS.			
CITY - ST - ZIP				3.4 CITY - ST				
THILE	T		☐ DELFTE	4 1 TITLE			☐ Ch	ange 🔲 Addition
NAME				4.2 NAME				
STREET ADDRESS				4 3 STREET A				
CHY-ST-ZIP THLE	-		DELETE	4.4 CITY - ST 5.1 TITLE	· Zir'		Ch	lange Addition
NAME				5.2 NAME			L. 0	ungo risulton
\$1REET ADDRESS				5 3 STREET A	.DDRESS			
CITY-ST-ZIP	<u></u>			5.4.C:TY-ST	ZiF			<u>-</u>
TITLE NAMÉ			☐ DELETE	6 1 TITLE			□ Ch	ange 🔲 Addition
STREET ADORESS				6.2 NAME 0.3 STREET A	nnecce			
CITY-ST-ZIP				6 4 City-St				
···	by certify that the in	formation supplied with	this filma is voluntarily fumi			r the exemption stated in Section 119 (7/3/k) Elorida '	Statutes I further

4. To the edge certify that the information supplied with this lining is voluntarily furnished and does not quality 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 frustee 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 WHITE OF SIGNING OFFICER OR DIRECTOR

4-15-96 (813)786-1752

CR2E034 (12/95)