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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

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Apr 14 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

Principal Place of Business

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DOCUMENT # P92000012611 (9)

Mailing Address

RICH & CREAMY ICE CREAM PARLOR, INC.

215 N ATLANTIC AVE 215 N ATLANTIC AVE DAYTONA BEACH FL 32118 DAYTONA BEACH FL 32118-4101 3. Date Incorporated or Qualified 3a. Date of Last Report 01/01/1993 03/04/1996 2. Principa Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 59-3156769 Not Applicable Suite Apt # etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Country Country This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes \quad \quad No 24 25 30 Florida Statutes 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name THIEL, RICHARD S 215 N ATLANTIC AVE 82 Street Address (P.O. Box Number is Not Acceptable) **DAYTONA BEACH FL 32118** 83 84 City 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, and accept the obligations of, Section 607.0505, Florida Statutes. Soy where typics or prived name of regishered agent and life if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6)12. OFFICERS AND DIRECTORS 13. Addition DELETE Change D 1 1 TITLE THEF THIEL. RICHARD S 1.2 NAME NAME **6207 OAK RIVER TER** 1.3 STREET ADDRESS STEEL LADORESS PORT ORANGE FL 32127 COLVEST ZIP 1.4 CITY-ST-ZIP DELETE Change Addition 2.1 TITLE THILE THIEL. CONNIE A MARKE 2.2 NAME **6207 OAK RIVER TER** 2.3 STREET ADDRESS STHELL ADDRESS PORT ORANGE FL 32127 2. 4 CITY - ST - ZIP City - S1, ZIP DELETE __ Change Addition TITLE 3.1 TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP D114 - \$1 - 2H DELETE Addition Change THE 4.1 TITLE N.V 4.2 NAME 4.3 STREET ADDRESS STREET ADDRESS CHY - S1 - 20 4.4 CITY-ST-ZIP DELETE Change Addition 5.1 TITLE 111, 6 MAY 52 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP OHY SI ZE DELETE Change Addition 6.1 TITLE Bld NAME 6.2 NAME 6.3 STREET ADDRESS SHIELL ADDRESS 64 CITY-ST-ZIP 14. I do hereby centry 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