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May 08 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P93000013859 (2)

1. Corporation Name

SOUTHPORT YOGURT, INC.

Principal Place of Business

1303 E SOUTHEAST 17TH STREET CAUSEWAY  
FT LAUDERDALE FL 33316

Mailing Address

1700 E. LAS OLAS BOULEVARD  
SUITE #101  
FORT LAUDERDALE FL 33301-2486  
US

3. Date Incorporated or Qualified  
02/24/1993

3a. Date of Last Report  
05/01/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 114 SW 10TH STREET

22 City & State

27 SUITE C

23 Zip

Country

28 FT LAUDERDALE, FL

24 Zip

Country

29 33315

Country

30 US

4. FEI Number  
65-0390751

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

YONGE, MARK W.  
649 SW 8TH TERRACE  
FORT LAUDERDALE FL 33315

81 Name

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

83

84 City

FL

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: MARK W. YONGE

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

(NOTE: Registered Agent's name is required when terminating)

4/29/97

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP  
NAME YONGE, MARK W  
STREET ADDRESS 649 SW 8TH TERRACE  
CITY-ST-ZIP FORT LAUDERDALE FL

☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

TITLE ST  
NAME YONGE, HOPE L.  
STREET ADDRESS 649 SW 8TH TERRACE  
CITY-ST-ZIP FORT LAUDERDALE FL

☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

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: MARK W. YONGE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/97

Date

954-522-8163

Daytime Phone #

0298131

CR2E034 (9/96)