FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

1. CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAY -1 AM 11:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000012981 (4)

1. Corporation Name
MJM YOGURT, INC.

Principal Place of Business	Mailing Address
2222 N UNIVERSITY DR CORAL SPRINGS FL 33071	2222 N UNIVERSITY DR CORAL SPRINGS FL 33071

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 02/14/1994
3a. Date of Last Report:

2. Principal Place of Business
21:
Suite, Apt. #, etc.
22:
City & State
23:
Zip / Country
24: 25:

2a. Mailing Address
26: 1790 N.E. 43 ST.
Suite, Apt. #, etc.
27:
City & State
28: OAKLAND PARK FL.
Zip / Country
29: 33334 30: U.S.A.

4. FEI Number: 65-0468932 ☐ 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

7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

MACBRIDE, ARTHUR G
2222 N UNIVERSITY DR
CORAL SPRINGS FL 33071

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 1790 NE 43 ST
83
84 City: OAKLAND PARK FL 85 Zip Code: 33334

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: Arthur G. MacBride ARTHUR G. MACBRIDE 4-11-95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRESIDENT	11 TITLE	☐ Change ☐ Addition
NAME	ARTHUR G. MAC BRIDG	12 NAME	
STREET ADDRESS	1790 NE 43 ST	13 STREET ADDRESS	
CITY-ST-ZIP	OAKLAND PARK FL 33334	14 CITY-ST-ZIP	
TITLE	V.P.	21 TITLE	☐ Change ☐ Addition
NAME	DOROTHY C. MAC BRIDG	22 NAME	
STREET ADDRESS	1790 NE 43 ST.	23 STREET ADDRESS	
CITY-ST-ZIP	OAKLAND PARK FL. 33334	24 CITY-ST-ZIP	
TITLE	SECRETARY	31 TITLE	☐ Change ☐ Addition
NAME	JUNKO MAC BRIDG	32 NAME	
STREET ADDRESS	10763 ROYAL PALM BLVD	33 STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS FL 33065	34 CITY-ST-ZIP	
TITLE	TREASURER	41 TITLE	☐ Change ☐ Addition
NAME	MATTHEW MAC BRIDG	42 NAME	
STREET ADDRESS	10763 ROYAL PALM BLVD	43 STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS FL. 33071	44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

$87.50

REMITTED BY MAY 1

IF DEPOSITED BY BANK

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: ARTHUR G. MACBRIDE 4-11-95 305 771-0894
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Arthur G. MacBride

0114000 CP