

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 # P95000068397 (5)

1. Corporation Name

ITALIAN GOURMET ICE CREAM & DESSERT, INC.



Principal Place of Business

7816 SOUTHSIDE BLVD #21  
JACKSONVILLE FL 32256

Mailing Address

7816 SOUTHSIDE BLVD #21  
JACKSONVILLE FL 32256

2. Principal Place of Business

21 9928 Baymeadows Rd

2a. Mailing Address

26 7816 Southside Blvd

3. Date Incorporated or Qualified  
08/31/1995

3a. Date of Last Report

N.A.

4. FEI Number

59-3334062

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.

23 Jacksonville, FL

28 Jacksonville, FL

24 32256

25 U.S.A.

29 32256

30 U.S.A.

9. Name and Address of Current Registered Agent

SAKR, RENEE N  
7816 SOUTHSIDE BLVD #21  
JACKSONVILLE FL 32256

10. Name and Address of New Registered Agent

81 Name RENEE N. SAKR

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

7816 Southside Blvd #21

83

84 City YAX

FL

85 Zip Code 32256

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

RENEE SAKR

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

(NOTE: Registered Agent signature required when reinstating)

04-26-96

DATE

12. OFFICERS AND DIRECTORS

TITLE D  
NAME SAKR, RENEE N  
STREET ADDRESS 7816 SOUTHSIDE BLVD #21  
CITY-ST-ZIP JACKSONVILLE FL 32256

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE TREASURER  
1.2 NAME NABIL B. SAKR  
1.3 STREET ADDRESS 7816 Southside Blvd #21  
1.4 CITY-ST-ZIP YAX, FL 32256

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
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:

Renée SAKR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-96 904-6411448

Date

Daytime Phone #

CR2E034 (12/95)