


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 07 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000068397 (5)

1. Corporation Name

ITALIAN GOURMET ICE CREAM & DESSERT, INC.

Principal Place of Business

96281 BAYMEADOWS ROAD
JACKSONVILLE FL 32256
US

Mailing Address

7816 SOUTHSIDE BLVD 4889 S. Greenland
21 Hideaway DR
JACKSONVILLE FL 32256-32258
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 08/31/1995
21	26	4. FEI Number -50-3334062 59-3333752
Suite, Apt. #, etc.	Suite, Apt. #, etc.	Applied For Not Applicable
22	27	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
23	28	7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No
Zip	Zip	
24	29	
Country	Country	
25	30	

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 SAKR, RENEE N
82 Street Address (P.O. Box Number is Not Acceptable)
4889 S. Greenland Hideaway DR
83
84 City DAK FL 85 Zip Code 32258

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

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	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAKR, RENEE N	1.2 NAME	SAKR, RENEE N
STREET ADDRESS	7816 SOUTHSIDE BLVD #21	1.3 STREET ADDRESS	4889 S. Greenland Hideaway DR
CITY-ST-ZIP	JACKSONVILLE FL 32256	1.4 CITY-ST-ZIP	DAK FL 32258
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAKR, NABIL B	2.2 NAME	SAKR, Nabil B
STREET ADDRESS	7816 SOUTHSIDE BLVD #21	2.3 STREET ADDRESS	4889 S. Greenland Hideaway DR
CITY-ST-ZIP	JAX FL	2.4 CITY-ST-ZIP	DAK FL 32258
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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

RENEE N. SAKR

RENEE N. SAKR D 11 27 98 16-9995

CR2E034 (10/97)