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PROFIT CORPORATION . ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #	P95000071840	(9)
Cornoration Name		

SILVER LAKES YOGURT, INC. Principal Place of Business Mailing Address



649 S.W. 8TH TERRACE FORT LAUDERDALE FL 33315			649 S.W. 8TH TERRACE FORT LAUDERDALE FL 33315				
					3. Date Incorporated or Qualified 09/18/1995	3a. Date of La	
2. Principal Plac	e of Business	2a. Mailing	j Address		4. FEI Number		Applied For
1		26			105-062/044	·	Not Applicable
Suite, Apt. #,	etc	Suite,	Apt. #, etc.		5. Certificate of Status Desired	Ц , ,	1.75 Additional Fee Required
City & State		City 8	State		6. Election Campaign Financing Trust Fund Contribution		5.00 May Be Added to Fees
Zip	Country	Zip		Country	8. This corporation has liability for	intangible tax und	ler s. 199.032,
4	25	29		30		No No	
	9. Name and Address of Cu	irrent Registered A	Agent	81 Name	10. Name and Address of New I	registered Agen	
ONE EAS FORT LAI 11. Pursuant to or registere familiar with	ed agent, or both, in the State of	0/00 807 1509	je was aumorz	ed by the corporation and	oration submits this statement for the polarid of directors. Thereby accept the app	FL 85	Zin Code g its registered office stered agent. I am
	Signature typed or printed named relief of	I DESTRUITE LAUDICAGE S AND DIRECTORS	(W	Its. Bug shered Agent signature recon	ADDITIONS/CHANGES TO OF	GAIN FICERS AND DIRI	ECTORS IN 12
12.	• D		DELETE	1 1 TITLE		☐ Ch	
	•	,		12 NAME			
NAME	YONGE, MARK	,					
NAME STREET ADDRESS	YONGE, MARK 649 S.W. 8TH TERRACE	33315		13 STREET ADDRESS			
NAME Street address City-St-Zip	YONGE, MARK	33315	DELETE		7	Cr	nange <b>2.</b> 4ddition
NAME STREET ADDRESS CITY-ST-ZIP	YONGE, MARK 649 S.W. 8TH TERRACE	33315	DELETE	13 STREET ADDRESS 14 CITY - STUDIE	Tower. Hore L	Cr	nange <b>Z-</b> ddition
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certify that the information supplied with this nilling is voluntarily lumished 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 Phapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or by an attachment with an address

SIGNATURE:

FICER OR DIRECTOR