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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000071840 (9)

SILVER LAKES YOGURT, INC.

Principal Place of Business RAD R.W. RTH TERRACE

Mailing Address

649 S.W. 8TH TERRACE

FILED May 13 1997 8:00am Secretary of State



FORT LAUDER	DALE FL 33315	FORT LAUDERDALE FL 33315-1049									
								3. Date Incorporated or Qualified 09/18/1995	3a. Date of 05/01/19		
2. Principal Place of Business				Mailing Address				4. FEI Number]	Applied For	
21 1820	9 PINES	26 1	26 114 SW 10TH STREET				65-0621044	ľ	Not Applica		
Sulte, Apt.			Suite, Apt. #, etc.				E. Codificate of Status Desired	□ \$8	.75 Additional		
22			27	SUITE C	<u>; </u>			5. Certificate of Status Desired	F	ee Required	
City & Stat				City & State				6. Election Campaign Financing	\$	5.00 May Be	
23 PEME	ROKE PI	NES, FL		FT LAUDE	RDAI	LE,	FL	Trust Fund Contribution	A	dded to Fees	
Zιρ		Country	\vdash	' ip	Country			8. This corporation has liability for		nder s. 199.032	
24 3302			29	33315	30	US	<u> </u>		Yes No		
		d Address of Curren	t Hegiste	red Agent		81	1 Ninosa	10. Name and Address of New Re	gistered Agent		
	NGE, MARK W					81 Name					
	S.W. 8TH TE						Street Add	dress (P.O. Box Number is Not Acceptab	O. Box Number is Not Acceptable)		
FUF	rt Lauderda				83						
I						03	1				
						84			FL 85	Zıp Code	
office or agent. I a	MARK W	. YONGE			MO	a		poration submits this statement for the pation's board of directors. I hereby accept	tripose of chan the appointment of the appointment		
	Signature, typed or p	rinted name of registered age			NOTE FIL		ent signature requ				
12.	<u> </u>	OFFICERS AND	D DIRECT	ORS DELETE		13.		ADDITIONS/CHANGES TO OFFIC			
TITLE	YONGE, MA	DV		[] Dectit		1.1 TITLE				hange 🔲 Addi	
NAME		TH TERRACE			- 8	1.2 NAME					
STREET ADDRESS		ERDALE FL 33315					1 ADDRESS				
CITY-ST-ZIP	ST	LIDALL IL 00010		DELETÉ		1.4 CHIY-3 2.1 THLE	SI-ZIP		Пс	hange Addi	
NAME	YONGE, HO	IPF I				2.2 NAME			<u></u> v	larigo [] recui	
STREET ADDRESS		TH TERRACE					T ADDRESS				
CITY-ST-ZIP		ERDALE FL 33315				2.4 CHY-					
TITLE	1			DELETE		3.1 TITLE	31-211		Пс	hange Addi	
NAME						3.2 NAME				5	
STREET ADDRESS							1 ADORESS				
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TITLE				DELETE		4.1 THLE			□ c	hange Addi	
NAME	1					4.2 NAME					
STREET ADDRESS]					4.3 STREE	1 ADORESS				
CITY-ST-ZIP						4.4 CHTY - 5					
TITLE				DELETE		5.1 TITLE			□ C	hange Addi	
NAME						5.2 NAME					
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CITY-ST-ZIP						5.∮ Cl1Y-3	S1-ZIP				
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NAME					Į	6.2 NAME					
STREET ADDRESS						6.3 STREE	1 ADDRESS				
CITY-ST-ZIP	1					6.4 CITY - 5	S1-ZIP				

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 attity any addition.

4/30/97