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Profit Corporation Annual Report



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997 DOCUMENT # P96000072767 (2)

SCOOPS OF BREVARD, INC.

FILED Apr 09 1997 8:00am Secretary of State



| Principal Place of Business 215 BAYTREE DRIVE #1 MELBOURNE FL 32940 | | Mailing Address 215 BAYTREE DRIVE #1 MELBOURNE FL 32940-2163 | | | - | | |
|--|--|--|---|--|---|-------------------------------|--|
| - | | | | | 3. Date Incorporated or Qualified 09/03/1996 | 3a. Date of Las | t Report |
| | ace of Business | 2a. Mailing Address | 7744 | Tic his | 4. FEL Number 2 1 2 3 1 0 | プ | Applied For |
| n 5604 Suite, Apt 7 | N. ATLANTIC AVE | Suite, Apt. #, etc. | ILAN | TIC AV | 5 31- 313 310 | \$8.7 | Not Applicable 5 Additional |
| COCO | A BEACH, FL. | 27 | | | 5. Certificate of Status Desired | 110 | Required |
| City & State | | City & State | - 4 - 1/ | 1 | 6. Election Campaign Financing | |)0 May Be |
| 23] | Country | 28 COCOA 750 | Cour | <u>, FC.</u> | Trust Fund Contribution | | ed to Fees |
| 24] ^{Ap} 3,79 | 31 25 11 CA | 29 32931 | 30 6 | ľζA | 8. This corporation has liability for in Florida Statutes | nangibie tax unde Yes □ No | or s. 199.032, |
| :::L | 9. Name and Address of Current | | | | 10. Name and Address of New Reg | | |
| CORF | PORATION SERVICE COMPANY | | 8 | Name | | | |
| 1201 HAYS STREET | | | | 32 Street Addr | Address (P.O. Box Number is Not Acceptable) | | |
| TALLAHASSEE FL 32301 | | | 83 | | · · · · · · · · · · · · · · · · · · · | | |
| | | | | 53 | | | |
| | | | 1 | City | | 85 Z | ip Code |
| 11 Purcuant t | to the provisions of Sections 607 0503 | and 607 1508. Florida Statute | es the abo | ove-named corr | coration submits this statement for the pu | roose of changin | o its registerer |
| office or re | egistered agent, or both, in the State of familiar with, and accept the obligation | of Florida. Such change was a | uthorized | by the corporat | tion's board of directors. I hereby accep | t the appointment | as registered |
| SIGNATURE | The contract of the contract o | | mad oldto | | | | |
| | Signature, typed or printed name of registered ager | rand title Tapplicable. (NOTE | Registered | Agent signature requi | | DATE | |
| 12. | OFFICERS AND | | 13. | · · · · · · · · · · · · · · · · · · · | ADDITIONS/CHANGES TO OFFICE | | · tester · · · · · · · · · · · · · · · · · · · |
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