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

**PROFIT** CORPORATION **ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

	MENT # P97000 NY'S YOGURT & ICE CREAM				
J.,,2,,13		,			
Principal Place of Business		Mailing Address			00101 01111 00180 11101 0151 5031 1031
23313 SW 61ST AVE.		23313 SW 61ST AVE.			
BOCA RATON FL 33428		BOCA RATON FL 33428		DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified	11110017102
				06/06/1997	
	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0758595	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	S8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing	
23		28			\$5.00 May Be ☐ Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid	
24	25		30	Personal Property Tax due June 30	D. 🔲 Yes 📋 No
Name and Address of Current Registered Agent     10. Name and Address of New Register					stered Agent
CORPORATE CREATIONS ENTERPRISES, INC.			81 Name	VAHID MAHMOOD	
. 4521 PGA BLVD. #211			82 Street Add	dress (P.O. Box Number is Not Acceptable	
PA	LM BEACH GARDENS FL 33418		83 2.3	3313 300 6121	Me.
			84   City $oldsymbol{eta_{\ell}}$	DCA RATON	FL 85 70 Code
11. Pursuant to the provision, a Sections (1/ 0502 and 607, 1/08, Florida Statutes, the above-named				poration submits this statement for the pur	pose of changing its registered
11. Pursuant to the provision of Sections 67/0502 and 607 1/08. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent. In with state of Prida Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. Lam friniliar with anti-accept to 1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/					
SIGNATURE	Shill swill in				
			Registered Agent signature requ		DATE
12.	OFFICERS AND	DIRECTORS	13. 1.1 TITLE	ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTORS IN 12  Change Addition
NAME	WAHMOOD, WAHID		1.2 NAME		□ custife □ vacuoti
STREET ADDRESS	23313 SW 61ST AVE.		1.3 STREET ADDRESS		
CITY - ST - ZIP	BOCA RATON FL 33428		1.4 CITY - ST - ZIP		
TITLE		☐ DELETE	2.1 TITLE		Change Addition
NAME			2.2 NAME		
STREET ADDRESS			23 STREET ADDRESS		
CITY-ST-ZIP			2 4 CITY-ST-7IP		
TITLE		LJ DELETE	3 1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	3.4 CITY-ST-ZIP 4.1 TITLE		☐ Change ☐ Addition
NAME		L.J DITTILE	4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY - ST - ZIP		
TITLE		DELFTE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5 3 STREET ADDRESS	•	
CITY-ST-ZIP			5.4 CITY - ST - ZIP		
TITLE		☐ DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. Thereby certify that the information supplied with this filing focs 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 acculate 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 of the receiver or thistee employed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or in a datachment with an address.