

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

0312304

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90062 040 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000056493

1. Corporation Name
TRIPLE CROWN ICE CREAM, INC.



Principal Place of Business 301 N.E. 36TH STREET OAKLAND PARK FL 33334	Mailing Address 301 N.E. 36TH STREET OAKLAND PARK FL 33334 <i>Change</i>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 10072 NW 53rd St.		2a. Mailing Address 26 10072 NW 53rd St.		3. Date Incorporated or Qualified 06/24/1998	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number 65-0848898	
City & State 23 Sunrise, FL		City & State 28 Sunrise, FL		Applied For No Applicable	
Zip 24 33351		Zip 29 33351		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Country 25 USA		Country 30 USA		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**ADDLESTONE, GAIL
301 N.E. 36TH STREET
OAKLAND PARK FL 33334**

81 Name Gail Addlestone (same)
82 Street Address (P.O. Box Number is Not Acceptable) 10072 NW 53rd St. (NW Address)
83
84 City Sunrise
85 Zip Code FL 33351

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 PTD	<input type="checkbox"/> DELETE	1.1 TITLE Same	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME JACOBS, GAILA A		1.2 NAME But now also secretary	
STREET ADDRESS P.O. BOX 820483		1.3 STREET ADDRESS	
CITY-ST-ZIP SOUTH FLORIDA FL 33082-0483		1.4 CITY-ST-ZIP	
TITLE SD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE This director is no longer an officer	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GRASSIE, HARLYNE		2.2 NAME	
STREET ADDRESS P.O. BOX 820483		2.3 STREET ADDRESS	
CITY-ST-ZIP SOUTH FLORIDA FL 33082-0483		2.4 CITY-ST-ZIP	
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)(j), 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, with all other like empowered.

SIGNATURE: *Gail Jacobs* **Gail Jacobs president** 4/23/99 954-292-2716
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)