2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P98000079683**

ANNIE'S DREAM ICE CREAM INC.

Principal Place of Business

Mailing Address

55 TROPIC ISLE DRIVE . **DELRAY BEACH FL 33483** 55 TROPIC ISLÉ DRIVE

DELRAY BEACH FL 33435-2835

2. Principal Place of Business 19 SEAVIEW CIRCLE

Suite, Apt. #, etc.

3. Mailing Address

19 SEAVIEW CIRCLE Suite, Apt. #, etc.

Apr 24, 2000 8:00 am Secretary of State

04-24-2000 90025 004 ***150.00



DO NOT WRITE IN THIS SPACE

Signature Sign
DEPAMPHILIS, DONALD 39 SEAVIEW CIRCLE BOYNTON BEACH FL 33435 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) 10. Election Campaign Financing Trust Fund Contribution. \$5.00 Ma Added to Fe Changes Fund Fund Fund Fund Fund Fund Fund Fund
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B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or printed name of registered agent and title of applicable. (NOTE: Registered Agent signature required when reinstating) P. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State 10. Election Campaign Financing Trust Fund Contribution. Added to Fee will be \$550.00 Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 TITLE DEPAMPHILLIS, DONALD STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DEAMPHILLS, DON 39 SEAVIEW CIR BOYNTON BCH FL 33435 TITLE TD Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE Change AMAE STREET ADDRESS CITY-ST-ZIP TITLE VD CRAVEN, MARK STREET ADDRESS STREPT ADDRESS
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rhereby certify that the information supplied with this hining does not qualify the example of 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 11 or Block 12 if changed, or on an attachment from address, with all other like empowered.

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #