

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # S51492 (4)
1. Corporation Name
OVERSEAS YOGURT, INC.

Principal Place of Business 613 1/2 Duval
2002 N ROOSEVELT BLVD
KEY WEST FL 33040

Mailing Address 613 1/2 Duval
2002 N ROOSEVELT BLVD
KEY WEST FL 33040

2. Principal Place of Business 21 613 1/2 Duval Suite, Apt. #, etc. 22 City & State 23 Key West, FL Zip 24 33040 Country 25 USA	2a. Mailing Address 26 613 1/2 Duval Suite, Apt. #, etc. 27 City & State 28 Key West, FL Zip 29 33040 Country 30 USA
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9. Name and Address of Current Registered Agent
ENGLAND, LEVI
7700 DAVE ROAD EXTENSION
HOLLYWOOD FL 33024

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 607.0102 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	D	1.1 TITLE	
NAME	MELILLI, STEVEN W	1.2 NAME	
STREET ADDRESS	12226 LAKE SHERWOOD N	1.3 STREET ADDRESS	200002478992- - 5
CITY-ST-ZIP	BATON ROUGE LA	1.4 CITY-ST-ZIP	-04/06/98--01004--019
TITLE	D	2.1 TITLE	***300.00
NAME	MELILLI, MARY K	2.2 NAME	
STREET ADDRESS	12226 LAKE SHERWOOD N	2.3 STREET ADDRESS	
CITY-ST-ZIP	BATON ROUGE LA	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 change or on an attachment with an address.

SIGNATURE: Mary K Melilli, Secretary of State, 7/31/97 205(214-9057)

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 97-58

3. Date Incorporated or Qualified 05/10/1991
3a. Date of Last Report 06/19/1996

4. FEI Number 65-0269387
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

CR2E034 (4/97)