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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT **1999** 



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## **DOCUMENT # V43176**

1. Corporation Name

Principal Place of Business

SIGNATURE:

COAST TO COAST YOGURT, INC.

FILED
Mar 31, 1999 8:00 am
Secretary of State
02 21 1000 00055 020 ***150 00

03-31-1999 90055 030 \*\*\*150.00



3800 S. TAMIAI #100 SARASOTA FL US		20 WHISPERING SANDS DRIVE SO STE #1206 SARASOTA FL 34242 US		DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed				
					06/10/1992			
<b>⊢</b> ¬ `	lace of Business	2a. Mailigh Addires	Mill 3319		l l	4. FEI Number App		
21	سعاريمي محمود مدايين	26 7		<u> </u>	65-0337689		Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		,	5. Certificate of Status Desired	\$8.75 A Fee Re	quired	
City & State			6. Election Campaign Financing S5:00 May Be Trust Fund Contribution Added to Fees					
Zip 24	Country 25	29 34230 31	Country	ISA	This corporation owes the current year Intarpersonal Property Tax.	~ _	□No	
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registered Ag	gent		
	1005 0404 0		81	Name				
MATISSE, CARL S				82 Street Address (P.O. Box Number is Not Acceptable)				
3800 S. TAMIAMI TRAIL								
#100								
SARASOTA FL 34239			84	City	FL	85 Zip C	ode	
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, octoth, 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 chingations of Section 607.0505, Florida Statutes.								
SIGNATURE	Signature, typed or printed name of registered agent of	<u> </u>	gistered Ager	t signature i	required when reinstating) DATE	<del>-</del>		
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AND	DIRECTO	RS IN 12	
TITLE	Р	☐ DELETE	1.1 TITLE			☐ Change	☐ Addition	
NAME	MATISSE, CARL S		1.2 NAME		•		ļ	
STREET ADDRESS	TADDRESS 3800 S. TAMIAMI TRAIL, STE 100			ADDRESS				
CITY-ST-ZIP	SARASOTA FL 34239		1.4 CITY-S	t-ZIP				
TITLE	ST	☐ DELETE	2.1 TITLE			☐ Change	☐ Addition	
NAME	MATISSE, JEAN		2.2 NAME				ĺ	
STREET ADDRESS	3800 S. TAMIAMI TRAI, STE 100		2.3 STREE	ADDRESS				
CITY-ST-ZIP	SARASOTA FL 34239		2.4 CITY-5	T-ZIP				
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NAME			3.2 NAME				}	
STREET ADDRESS			3.3 STREE	ADDRESS			Ì	
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TITLE		☐ DELETÉ	4.1 TITLE			☐ Change	☐ Addition	
NAME	3 •		4.2 NAMÉ					
STREET ADORESS			4.3 STREE	ADORESS	1		-	
CITY-ST-ZIP		——————————————————————————————————————	4.4 CITY-S	T-ZIP				
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TITLE		DELETE	•			- Change	™ vagarion	
NAME	_		6.2 NAME	********			1	
STREET ADDRESS	1		6.3 STREET				}	
CITY-ST-ZIP	partity that the information quality and	this filing dods not qualify for the	6.4 CITY-S		d in Section 119 07/3\(\text{ii}\) Florida Statutos I further cartif	v that the in	formation	
14. I 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 copporation of the repetitive of trustice 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.								