FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN -1 AM 9:55

DO NOT WRITE IN THIS SPACE

DOCUMENT # V64155 (7)

1. Corporation Name

OLD FASHIONED ICE CREAM COMPANY, INC.

Principal Place of Business	Mailing Address
538 REVILO BLVD DAYTONA BEACH FL 32118	538 REVILO BLVD DAYTONA BEACH FL 32118

3. Date Incorporated or Qualified: **09/10/1992**
3a. Date of Last Report: **05/27/1994**
4. FEI Number: **59-3140499** ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes* ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

MCCONNELL, HARRY G.
444 SEABREEZE BLVD
SUITE 900
DAYTONA BEACH FL 32118

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 ____________ DATE ______

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP	11 TITLE	VP ☐ Change ☐ Addition
NAME	DEMICHELE, GARY	12 NAME	DEMICHELE GARY
STREET ADDRESS	538 REVILO BLVD	13 STREET ADDRESS	538 REVILO BLVD
CITY ST ZIP	DAYTONA BEACH FL	14 CITY ST ZIP	DAYTONA FLA
TITLE	PVP	21 TITLE	PVP ☐ Change ☐ Addition
NAME	DEMICHELE, EUGENIA	22 NAME	DEMICHELE, EUGENIA
STREET ADDRESS	538 REVILO BLVD	23 STREET ADDRESS	538 REVILO BLVD
CITY ST ZIP	DAYTONA BEACH FL	24 CITY ST ZIP	DAYTONA FL
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on the 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 [illegible] or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block [illegible]

SIGNATURE [signature] President 6-24-1994 (904)257-6163
Eugenia DeMichele President 6-24-1994

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CORPORATION ANNUAL REPORT **1995**

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DOCUMENT # **V64400** **(7)**

1. Corporation Name

CONTEMPORARY MARKETING GROUP, INC.

Principal Place of Business	Mailing Address
1413 S. HOWARD SUITE 213 TAMPA FL 33606 US	1416 S. HOWARD SUITE 213 TAMPA FL 33606 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **09/14/1992**
3a. Date of Last Report: **04/28/1994**

2. Principal Place of Business
21: 7155 Mt. Piney Rd. NE
22: Suite, Apt. #, etc
23: City & State: St. Petersburg, FL
24: Zip: 33702
25: Country: Pinellas

2a. Mailing Address
26: 7155 Mt. Piney Rd. NE
27: Suite, Apt. #, etc
28: City & State: St. Petersburg, FL
29: Zip: 33702
30: Country: Pinellas

4. FEI Number: **59-3142747** ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SLIFKO, DWAYNE M.
1413 S. HOWARD
SUITE 213
TAMPA FL 33606

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 2816 W. Thornton Ave.
83
84 City: Tampa **FL** 85 Zip Code: 33611

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 (Typed or printed name of registered agent and title if applicable) (Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	SLIFKO, DWAYNE M.	12 NAME	
STREET ADDRESS	2816 WEST THORNTON AVE	13 STREET ADDRESS	
CITY ST ZIP	TAMPA FL	14 CITY ST ZIP	
TITLE		21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY ST ZIP		24 CITY ST ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 changed, or on an attachment with an address.

SIGNATURE: D Slifko
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/2/95 (813) 526-3603
Date Daytime Phone #

000001 CF