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

APPROVED AND FILED

SEP 11 PM 8:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V66558** **(0)**

1. Corporate Name
SAWGRASS YOGURT, INC.

Principal Place of Business
C/O SHOPPES AT SAWGRASS
3425 HIATUS ROAD
SUNRISE FL 33351

Mailing Address
C/O SHOPPES AT SAWGRASS
3425 HIATUS ROAD
SUNRISE FL 33351

DO NOT WRITE IN THIS SPACE

3. Date Incorporated / Qualified: **09/25/1992**
3a. Date of Last Report: **09/15/1994**

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

4. FEI Number: **65-0361417** — Applied For / Not Applicable
5. Certificate of State Tax(es) [ ] — **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution [ ] — **$5.00** May Be Added to Fees
8. Does your business qualify as a small business under the provisions of Section 288.703, Florida Statutes? [ ] Yes [ ] No

9. Name and Address of Current Registered Agent
THE PRENTICE HALL CORPORATION SYSTEM, INC.
1201 HAYES ST
STE 105
TALLAHASSEE FL 32301

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 607.0505 and 607.0508, Florida Statutes, the above named corporation submits the 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

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS
Title	P	Title
NAME	SUTTON, ELLIOTT	1. NAME
Street Address	19667 TURNBERRY WAY	1. Street Address
City, State, Zip	NO. MIAMI BEACH FL	1. City, State, Zip
Title	S	Title
NAME	SUTTON, IRVING	2. NAME
Street Address	1520 YORK AVENUE	2. Street Address
City, State, Zip	NEW YORK NY	2. City, State, Zip
Title		Title
NAME		3. NAME
Street Address		3. Street Address
City, State, Zip		3. City, State, Zip
Title		Title
NAME		4. NAME
Street Address		4. Street Address
City, State, Zip		4. City, State, Zip
Title		Title
NAME		5. NAME
Street Address		5. Street Address
City, State, Zip		5. City, State, Zip
Title		Title
NAME		6. NAME
Street Address		6. Street Address
City, State, Zip		6. City, State, Zip

[ ] Change [ ] Addition

14. I hereby certify that the information supplied with this filing is accurate and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. Further, I certify that the information contained in the annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect and made under oath as if I had made an oath for the corporation for the purpose or purposes required to make the report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 (if applicable) of the attached with an office title.

SIGNATURE: 5/4/95
SIGNATURE AND TYPED OR PRINTED NAME OF BUSINESS OFFICER OR DIRECTOR

0240287 CP