

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P04306 (7)**

1. Corporation Name
CALIFORNIA SMOOTHIE LICENSING CORPORATION



Principal Place of Business: **1700 RT.23, STE.120 WAYNE NJ 07470**
Mailing Address: **1700 RT.23, STE.120 WAYNE NJ 07470**

3. Date Incorporated or Qualified: **12/11/1984**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **22-2576117**
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: 21
2a. Mailing Address: 26
22 Suite, Apt. #, etc. 27
23 City & State 28
24 Zip 25 Country 29 30

9. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

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: _____ (NOTE: Registered Agent Signatures required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS	
TITLE	PT <input type="checkbox"/> DELETE
NAME	PINELES, RICHARD
STREET ADDRESS	1700 RT 23 STE 120
CITY-ST-ZIP	WAYNE NJ
TITLE	VPS <input type="checkbox"/> DELETE
NAME	PINELES, JACOB
STREET ADDRESS	CLARIDGE HOUSE #2, LE
CITY-ST-ZIP	VERONA NJ
TITLE	D <input type="checkbox"/> DELETE
NAME	PINELES, JACOB
STREET ADDRESS	CLARIDGE HOUSE #2, LE
CITY-ST-ZIP	VERONA NJ
TITLE	D <input type="checkbox"/> DELETE
NAME	PINELES, RICHARD
STREET ADDRESS	1700 RT 23 SUITE 120
CITY-ST-ZIP	AYNE NJ
TITLE	D <input type="checkbox"/> DELETE
NAME	MENDELSON, KAREN
STREET ADDRESS	1700 RT 23 SUITE 120
CITY-ST-ZIP	WAYNE NJ
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	1700 Route 23, Suite 120
2.4 CITY-ST-ZIP	Wayne, NJ 07470
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	1700 Route 23, Suite 120
3.4 CITY-ST-ZIP	Wayne, NJ 07470
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 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: *Richard Pineles* **4/17/96** (201) 696-7200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)