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

PROFIT CORPORATION ANNUAL REPORT



FEORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

F90437

(7)

DOCUMENT # 1. Corporation Name

SWEETINGS'S FOUR, INC.

Principal Diago of Business	Mailing Address	

Principal Place of Business Wa		ing Address									
P.O. BOX KEY LARGO	1060 FL 33037-1060	P.O. BOX 1060 KEY LARGO FL 33037-1060									
							3. Date Incorporated or Qualified 07/12/1982	3a. Date	3a. Date of Last Report 04/17/1995		
2. Principal Place of Business 2a		2a.	Mailing Address		4. FEI Number 59-2211580		Applied For				
21		26					Triot, Applica			Not Applicable	
Suite, Apt. #, etc.		27	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required					
City & State		28	City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees				
Zip 24	Country 25	29	Zip	30	intry	,	8. This corporation has liability for Florida Statutes X Yes	x under	s 199.032,		
	9. Name and Address of Curre	ent Regis	tered Agent				10. Name and Address of New F	legistered a	Agent		
OMECT	ONA APANDI				81	Name					
SWEETING, GERALD L 96120 OVERSEAS HIGHWAY				82	Street Add	ess (P.O. Box Number is Not Acceptable)					
KEY LA	NRGO FL 33037				83	İ					
					84	City		FL	85	Zıp Code	
SIGNATURE	algnature, typed or printed harrie of registered ag-	ont and title if a	aplicance (N	OTE: Pegislered			ration submits this statement for the purific of directors. I hereby accept the appoint of directors is the purific of directors. I hereby accept the appoint of directors are stated in the purific of t	DATE			
12.	OFFICERS A	ND DIREC		13.			ADDITIONS/CHANGES TO OF		DIREC Chang		
TITLE	SWEETING, GERALD L		DELETE	1. 1 T 1.2 N				L	_ Chang	2 Modition	
NAME STREET ADDRESS	96120 OVERSEAS HIGHV	VAY				T ADDRESS					
CITY - ST - ZIP	KEY LARGO FL					ST-ZIP					
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NAME				2 2 N		İ					
STREET ADDRESS						1 ADDRESS					
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NAME					AME						
STREET ADDRESS						LADORESS					
CITY-ST-ZIP				640	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 triis 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-13-96 305 85244