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Mar 23, 1999 8:00 am
Secretary of State

03-23-1999 90011 009 ***150.00

UCR 1008

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # G02132

1. Corporation Name
SWEETHEART SLIPS, INC.

Principal Place of Business
 14837 NE 20TH AVENUE
 NORTH MIAMI FL 33181

Mailing Address
 14837 NE 20TH AVENUE
 NORTH MIAMI FL 33181



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/01/1982

4. FEI Number
59-2237413 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 owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business

21 [] 2a. Mailing Address

22 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

23 City & State 27 City & State

24 Zip 25 Country 28 Zip 29 Country 30

9. Name and Address of Current Registered Agent

FLORIDA CORPORATE SERVICES, INC.
798 BRICKELL PLAZA
59 SO. EAST 8TH ST.
MIAMI FL 33131

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 signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE [] DELETE

NAME **PD SOLOV, LYNDA**

STREET ADDRESS **3415 WASHINGTON LANE**

CITY-ST-ZIP **COOPER CITY FL**

TITLE [] DELETE

NAME **VD KIEIN, ALAN**

STREET ADDRESS **3132 SW 21 TERR**

CITY-ST-ZIP **MIAMI FL**

TITLE [] DELETE

NAME **SD KORNIK, JUDITH**

STREET ADDRESS **19901 N.E. 22ND CT.**

CITY-ST-ZIP **NO. MIAMI BCH. FL**

TITLE [] DELETE

NAME **TD LIBMAN, HONNIE**

STREET ADDRESS **5203 SW 121ST TERR.**

CITY-ST-ZIP **COOPER CITY FL**

TITLE [] DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE [] DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE Change Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 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, with all other like empowered.

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-18-99 **305-919-7737**
 Date Daytime Phone #

CR2E034 (11/98)