FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

Block 12 or Block 13 if changed, or organ attachment with an address.

SIGNATIJĖF:

May 04 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State **ANNUAL REPORT** Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # G22247 (2)THE SWEET TOOTH, INC. Principal Place of Business Mailing Address 18401 N.E. 19TH AVE 18401 NE 19TH AVE N. MIAMI FL 33179 N. MIAMI FL 33179 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/13/1983 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For 59-2246063 21 Not Applicable 26 Suite, Apt. #, etc. Suito, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Zip Country Country 8. This corporation owes or has paid the current year Intangible 29 30 Personal Property Tax due June 30. Пио 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name KERSH, LEIGH 3300 NE 191 ST 82 Stree N-MIAMI-BEACH FL-33180 CHANGE ONly 83 **B4** City 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, by the State of Horida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered gain am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. (NOTE: Registered Agent signature required when reinstating) on of feotstered agent and title it applicants OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE 1.1 TITLE President Change Addition LEIGH KERSH NAME KERSH, LEIGH 1.2 NAME 19481 NEZZRA 9800 NE 191 ST 1.3 STREET ADDRESS STREET ADORESS 33/79 1 mami N-MIAML BCH FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2 4 C/TY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 4.1 TITLE TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change ☐ Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS** CITY - ST - ZIP 14. Thereby 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 is 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 confortation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes and that my name appears in

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