

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
Apr 07, 1999 8:00 am  
Secretary of State

04-07-1999 90007 027 \*\*\*150.00

DOCUMENT # G80794

1. Corporation Name  
SPROUT DELIGHTS, INC.

Principal Place of Business

12551 BISCAYNE BLVD  
N MIAMI FL 33181  
US

Mailing Address

12551 BISCAYNE BLVD  
N MIAMI FL 33181  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/16/1983

4. FEI Number

59-2429795

Applied For  
Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$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 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

Country

12591 BISCAYNE BLVD

N. MIAMI FL

33181

USA

9. Name and Address of Current Registered Agent

WLMC REGISTERED AGENTS, INC.  
777 BRICKELL AVENUE  
SUITE 1200  
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name LAWRENCE S. GOODMAN, ESQ.  
DAVIS, DEVINE, GOODMAN + WELLS

82 Street Address (P.O. Box Number is Not Acceptable)

777 BRICKELL AVE

83 SUITE 980

84 City MIAMI

FL

85 Zip Code 33131

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/18/99

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE P  
NAME BERN, STEVEN D.  
STREET ADDRESS 12551 BISCAYNE BLVD  
CITY-ST-ZIP N MIAMI FL

TITLE STD ☐ DELETE

NAME BERN, STEVEN D.  
STREET ADDRESS 12551 BISCAYNE BLVD  
CITY-ST-ZIP N MIAMI FL

TITLE V ☐ DELETE

NAME BERN, STEVEN D  
STREET ADDRESS 12551 BISCAYNE BLVD  
CITY-ST-ZIP N MIAMI FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

☒ Change ☐ Addition

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS 12591 BISCAYNE BLVD  
1.4 CITY-ST-ZIP N. MIAMI, FL 33181

☒ Change ☐ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS 12591 BISCAYNE BLVD  
2.4 CITY-ST-ZIP N MIAMI FL 33181

☒ Change ☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS 12591 BISCAYNE BLVD  
3.4 CITY-ST-ZIP N MIAMI FL 33181

☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE  
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/18/99 305 893-2144

0261729

CR2F034 (11/98)