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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

1. Corporation	EASURE CHEST OF SWEET  e of Business  4. SUITE 121	` '					
					3. Date Incorporated or Qualified	3a. Date of Last Re	arvet
					02/08/1984	03/04/1996	ADOLL
2. Principal Pi	lace of Business	2a. Mailing Address			4. FEI Number		plied For
21		26			59-2383654		t Applicable
Suite, Apt 22	#, etc	Suite, Apt. #, etc.			5. Certificate of Status Desired	□ \$8.75 A	
City & State	e	City & State	······································		6. Election Campaign Financing	\$5.00	<del></del>
23]		28			Trust Fund Contribution	Added to	
Z(p	Country	Zip	Country		8. This corporation has liability for		
24]	25		30			Yes No	
	9. Name and Address of Current	Hegistered Agent	81	Name	10. Name and Address of New Ro	gistered Agent	·· <u>····</u>
	IULER, MARY A			Name			
2901 W SR 434				Street Add	ress (P.O. Box Number is Not Accepta	ole)	
121	GWOOD FL 32779		83				
LUIT	MIOOD FC 32/18						
			84	City		FL 85 Zip C	code
office or n agent. I a	Signature, lyped or protod earne of registered agent	ano tile il applicable (NOTE	Registered Age		poration submits this statement for the tion's board of directors. I hereby acce	DATE	
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFI		
TITLE	DP	DELETE	1.1 TITLE			Change	☐ Addition
NAME. STREET ADDRESS	SCHULER, MARY ANN 2901 W SR 434, SUITE 121		1.2 NAME 1.3 STREET ADDRESS				
City-St-7/2	LONGWOOD FL		1.4 CITY - S				
1)1(E	V	DELETE	2.1 TITLE	1 21		Change	Addition
NAME	PIERRE, LINDA	•	22 NAME	[			
STREET ADDRESS	2901 W ST. RD. 434, #121		2.3 STREET	ADDRESS			
CHY-SI-7IP	LONGWOOD FL		2.4 CITY - S	T-ZIP			
THEF	T	☐ DELETE	3.1 TITLE	j		Change	Addition
NAME	ELLISON, VIRGINIA		3.2 NAME				
STREET ADDRESS	2901 W ST. RD. 434, #121		3.3 STREET	- 1			
CHY-ST-Z# TIBLE	LONGWOOD FL	☐ DELETE	3.4. CITY - S 4.1 TITLE	1 - ZIP		☐ Change	Addition
NAME		P. Detect	4 2 NAME	ŀ		em Ouside	
STREET ADDRESS			4.3 STREET	ADORESS			
CITY-ST-7IP			4.4 CITY-5	J			
TITLE	\	DELETE	5.1 TITLE			Change	Addition
NAME			5.2 NAME	İ			
STREET ADDRESS			5.3 STREET	ADDRESS			
CITY-ST-ZIP	·	Documen	5.4 CITY - S	1-ZIP		1 200	Adve
1:fLf		☐ DELETE	6.1 TITLE			L Change	☐ Addition
NAME CTOSET ADSOURCE			6.2 NAME	*DODESO			
STREET ADDRESS			63 STREET	· I			
City-S1-ziP 14. I do heret	by certify that the information supplied	with this filing does not qualify	6.4 CITY-S' for the exer	mption state	d in Section 119.07(3)(i), Florida Statute	s. I further certify that t	the
informatio Lam an of	ri indicated on this annual report or su	pplemental annual report is tru he receiver or trustee empowe	ue and accu pred to exec	rate and tha	t my signature shall have the same leg rt as required by Chapter 607, Florida	al effect as if made und	der oath; that

**FILED** 

Apr 07 1997 8:00am

Secretary of State