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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

THE SUGAR SAVIN CORPORATION Principal Place of Business Mailing Address 6285 N. OCEAN BLVD OCEAN RIDGE FL 33353 6285 N. OCEAN BLVD OCEAN RIDGE FL 33353						
2 Principal	Place of Business			 Date Incorporated or Qualified 02/06/1989 	3a. Date of Last 05/01/19	
1	riace of Business	2a. Mailing Address 26		4. FEI Number	30,01,10	Applied For
Suite, Apt	. #, etc.	Suite, Apt. #, etc.		65-0101684		Not Applicable
City & Sta	to	27		Certificate of Status Desired		5 Additional Required
3		City & State		Election Campaign Financing Trust Fund Contribution	\$5.0	00 May Be
Zip 4	Country	Zip	Country	This corporation has liability for in	Add	ed to Fees
<u> </u>	25 9. Name and Address of Currer	29	30	Florida Statutes Yes	□ No	5 199.032,
	o, and a second of our les	it negistered Agent	81 Name	10. Name and Address of New Re	egistered Agent	
WALDMAN, JAMES W. 7000 W PALMETTO PARK RD SUITE 409 BOCA RATON FL 33433		83 84 City		dress (P.O. Box Number is Not Acceptable	85 2	ip Code
or registe familiar w	red agent, or both, in the State of Floric ith, and accept the obligations of, Section 1.	and 607.1508, Florida Statut da. Such change was authoriz ion 607.0505, Florida Statutes	es, the above named corpored by the corporation's boa	oration submits this statement for the purp and of directors. I hereby accept the appoi	ose of changing its ntment as registered	registered office
IGNATURE 2.	Signature, typics or printed name of registered against OFFICERS AND	and title if applicable (NC	TE: Figgistered Agent signature require 13. 1.1 TITLE	oration submits this statement for the purp and of directors. I hereby accept the appoil ad when reinstating: ADDITIONS/CHANGES TO OFFICE	ose of changing its ntment as registered	
IGNATURE 2. !LF !MF REET ADDRESS	OFFICERS AND PSD MCCAULEY, STEPHENIE S. 6285 N OCEAN BLVD	and the if applicable (NC D DIRECTORS	TE: Registered Agent signature require 13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS	ed wher: reinstating:	ose of changing its ntment as registered DATE CERS AND DIRECTO	DRS IN 12
ENATURE LE ME REET ADDRESS LY - ST - ZIP	Signature, typed or printed name of registered eport OFFICERS AND PSD MCCAULEY, STEPHENIE S.	and the if applicable (NC D DIRECTORS	TE: Figuriared Agent signature require 13. 1. 1 TITLE 12 NAME 13 STREET ADDRESS 14 CITY - ST - 7P	ed wher: reinstating:	DATL DERS AND DIRECTO	DRS IN 12
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