## Feb 26, 1999 8:00 am Secretary of State 02-26-1999 90033 042 \*\*\*150.00

**FILED** 

## 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

DOCUMENT	#	K721	28

SUGAR DADDY'S SWEET SHOP OF MADEIRA BEACH, INC.

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						'IS AIMSI MISHI M	1811 AISH BIRKI LBBI						
Principal Place		Mailing Address											
11710 MARLA L		11710 MARLA LANE SEMINOLE FL 34642											
SEMINOLE FL 34642		JEMINOLE 12 STORE			DO NOT WRITE IN TI	DO NOT WRITE IN THIS SPACE							
					3. Date Incorporated or Qualifed 03/13/1989								
2. Principal Pl	lace of Business	2a. Mailing Address	4		4. FEI Number		Applied For						
21 /10	John's Pass Boardwalk	26 110 John's tass	Boaco	walk	<u>59-2940179</u>		Not Applicable						
Suite, Apt.		Suite, Apt. #, etc.			5. Certificate of Status Desired		75 Additional e Required						
City & State	e ,	City & State			6. Election Campaign Financing	<b>\$</b> 5.	00 May Be						
23 Madei	ra beach PL	28 Madeira Bea	ch t	Z	Trust Fund Contribution	Add	ded to Fees						
Zip	Country	Zip	Country		8. This corporation owes the current year								
24 <i>3370</i>	08 25 USA	29 33708 30	U.	s A	Personal Property Tax.	<b>L</b> Yes	□No						
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Register	ed Agent							
DOD:	TELLE THOMAS A		81	Name									
	TELLI, THOMAS A.		82	Street A	Street Address (P.O. Box Number is Not Acceptable)								
	0 marla lane Inole fl 34642												
SEMI	INULE PL 34042		83										
			84	City	F	85 A	Zip Code						
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes,	the above	e-named ca	progration submits this statement for the purpose	of changing	g its registered						
office or re	egistered agent, or both, in the State of m familiar with, and accept the obligati	if Florida. Such change was auth	orized by	the corpor	ation's board of directors. I hereby accept the ap	pointment a	is registered						
•	Triamiliai willi, and accept the obligati	0/13 01, 000alori 001.0000, 1 londe	. Oldidioo	•			}						
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Re	gistered Age	nt signature req	uired when reinstating) DATE								
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS								
TITLE	DPT	☐ DELETE	1.1 TITLE	1	·	⊒-ena	nge 🗌 Addition						
NAME	Portelli, Thomas a		1.2 NAME	•	1528 Walnut St. Clearwater FL 33755 1528 Walnut St. Clearwater FL 33755								
STREET ADDRESS	11710 MARLA LANE		1.3 STREE	ADDRESS	15,28 WOINUT ST.								
CITY-ST-ZIP	SEMINOLE FL		1.4 CITY-S	T-ZIP	Clearwater FL 33755								
TITLE	DVPS	☐ DELETE	2.1 TITLE			<b>D</b> eha	nge [] Addition						
NAME	Portelli, Lenore		2.2 NAME		1520 Waldet 4.								
STREET ADDRESS	11710 MARLA LANE		2.3 STREE	ADDRESS	1500 Walley S								
CITY-ST-ZIP	SEMINOLE FL		2. 4 CITY-5	ST-ZIP	Clour water FL 33755								
TITLE		☐ DELETE	3.1 TITLE			Cha	inge Addition						
NAME			32 NAME		•								
STREET ADDRESS			3.3 STREE	ADDRESS									
CITY-ST-ZIP			3.4. CITY-5	T-ZIP									
TITLE		☐ DELETE	4.1 TITLE			Cha	inge Addition						
NAME			4. 2 NAME		•		ļ						
STREET ADDRESS			4.3 STREE	T ADDRESS			!						
CITY-ST-ZIP			4.4 CITY-S	T-Z <del>I</del> P									
TITLE		☐ DELETE	5.1 TITLE		· .	☐ Cha	nge 🔲 Addition						
NAME			5.2 NAME			•	!						
STREET ADDRESS			5.3 STREE	TADDRESS			•						
CITY-ST-ZIP			5.4 CITY-S	T-ZIP									
TITLE		☐ DELETE	6.1 TITLE			☐ Cha	inge Addition						
NAME			6.2 NAME				!						
STREET ADDRESS			6.3 STREE	TADDRESS			ļ						
				* 710									

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.