

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K88322 (8)

1. Corporation Name:
SWEET SURPRISES, INC.

Principal Place of Business:
**3341 N 47TH AVE
HOLLYWOOD FL 33021**

Mailing Address:
**3341 N 47TH AVE
HOLLYWOOD FL 33021**

**APPROVED
AND
FILED**
95 MAY -1 AM 5:11
**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **05/15/1989**
3a. Date of Last Report: **05/01/1994**

4. FEI Number: **65-0141416**
Applied Fee: ☐ Not Applicable

5. Certificate of Status Desired: ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution: ☐ **\$5.00 May Be Added to Fees**

6. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: ☐ Yes ☒ No

2. Principal Place of Business:
21. State, Apt. #, etc.:
22. City & State:
23. Zip: Country:
24. Mailing Address:
25. State, Apt. #, etc.:
26. City & State:
27. Zip: Country:

9. Name and Address of Current Registered Agent

**LEDERER, STEVEN L J ESQ
2450 NE MIAMI GARDENS DR #100
NORTH MIAMI BEACH FL 33180**

10. Name and Address of New Registered Agent

81. Name:
82. Street Address (P.O. Box Number is Not Acceptable):
83. City:
84. State: **FL** Zip Code:

11. Pursuant to the provisions of Sections 607.0602 and 607.1509, 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 of Registered Agent or Registered Agent and the Corporation)

(Signature of Registered Agent or Registered Agent and the Corporation)

(Signature)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.1 NAME	PO SOBLE, BARBARA	13.1 NAME	☐ Change ☐ Addition
12.2 STREET ADDRESS	3341 N. 47TH AVE.	13.2 NAME	
12.3 CITY, ST, ZIP	HOLLYWOOD FL	13.3 STREET ADDRESS	
12.4 NAME	STD	13.4 CITY, ST, ZIP	☐ Change ☐ Addition
12.5 NAME	SAVITZ, DEBRA	13.5 NAME	
12.6 STREET ADDRESS	1529 GARDEN ROAD	13.6 STREET ADDRESS	
12.7 CITY, ST, ZIP	FT. LAUDERDALE FL	13.7 CITY, ST, ZIP	☐ Change ☐ Addition
12.8 NAME		13.8 NAME	
12.9 STREET ADDRESS		13.9 STREET ADDRESS	
12.10 CITY, ST, ZIP		13.10 CITY, ST, ZIP	☐ Change ☐ Addition
12.11 NAME		13.11 NAME	
12.12 STREET ADDRESS		13.12 STREET ADDRESS	
12.13 CITY, ST, ZIP		13.13 CITY, ST, ZIP	☐ Change ☐ Addition
12.14 NAME		13.14 NAME	
12.15 STREET ADDRESS		13.15 STREET ADDRESS	
12.16 CITY, ST, ZIP		13.16 CITY, ST, ZIP	☐ Change ☐ Addition
12.17 NAME		13.17 NAME	
12.18 STREET ADDRESS		13.18 STREET ADDRESS	
12.19 CITY, ST, ZIP		13.19 CITY, ST, ZIP	☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(1)(b), 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.

SIGNATURE:

(Signature and Typed or Printed Name of Signing Officer or Director)

4/29/95 (305) 987-9063