

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **K88381**

(4)

SWEET EARTH COMPANY

FILED
Apr 30 1997 8:00am
Secretary of State



Principal Place of Business		Mailing Address	
C/O JEROME A. EHLEN 3536 UNIVERSITY BLVD. SUITE 185 JACKSONVILLE FL 32277 US		C/O JEROME A. EHLEN 3536 UNIVERSITY BLVD. SUITE 185 JACKSONVILLE FL 32277-2422 US	
2. Principal Place of Business		2a. Mailing Address	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.	
22. City & State		27. City & State	
23. Zip	24. Country	28. Zip	29. Country
30.			

3. Date Incorporated or Qualified	3a. Date of Last Report
05/16/1989	05/01/1996
4. FEI Number	Applied For Not Applicable
59-303722	
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
10. Name and Address of New Registered Agent	

9. Name and Address of Current Registered Agent

**EHLEN, JEROME A.
3536 UNIVERSITY BLVD. SUITE 185
JACKSONVILLE FL 32277**

81. Name	82. Street Address (P.O. Box Number is Not Acceptable)
83.	
84. City	85. Zip Code
FL	

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
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12				
TITLE	□ DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PD		1.2 NAME			
STREET ADDRESS	EHLEN, JEROME 3832 SANDY SHORES JACKSONVILLE FL		1.3 STREET ADDRESS			
CITY, ST, ZIP			1.4 CITY-ST-ZIP			
TITLE	□ DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			2.2 NAME			
STREET ADDRESS			2.3 STREET ADDRESS			
CITY, ST, ZIP			2.4 CITY-ST-ZIP			
TITLE	□ DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY, ST, ZIP			3.4 CITY-ST-ZIP			
TITLE	□ DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			4.2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY, ST, ZIP			4.4 CITY-ST-ZIP			
TITLE	□ DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY, ST, ZIP			5.4 CITY-ST-ZIP			
TITLE	□ DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY, ST, ZIP			6.4 CITY-ST-ZIP			

14. I do 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, changed, or in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jerome Ehlen

Date

4/23/97

Daytime Phone #

904-744-3120

CR2E034 (9/96)