FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 13 PM 12:28

DOCUMENT # **P94000019087 (3)**

1. Corporation Name
LILLY-SWEET CORP.

Principal Place of Business	Mailing Address
~~UNITED CORPORATE SERVICES, INC.~~ ~~801 N.E. 167TH ST., SUITE 300~~ ~~N. MIAMI BEACH FL 33162~~	~~UNITED CORPORATE SERVICES, INC.~~ ~~801 N.E. 167TH ST., SUITE 300~~ ~~N. MIAMI BEACH FL 33162~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/11/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 3715 WOOLBRIGHT RD.	26 3715 WOOLBRIGHT RD.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 BOYNTON BEACH, FL.	City & State 28 BOYNTON BCH, FL.
Zip 24 33436 Country 25 U.S.A.	Zip 29 33436 Country 30 U.S.A.

4. FEI Number: 65-054-5342 ☐ Applied For ☐ 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

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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
~~UNITED CORPORATE SERVICES, INC.~~ ~~801 N.E. 167TH ST.~~ ~~SUITE 300~~ ~~N. MIAMI BEACH FL 33162~~	81 Name: BARD WECHSLER 82 Street Address (P.O. Box Number is Not Acceptable) 83 2031 N.W. 18 ST. 84 City DELRAY BEACH FL 85 Zip Code 33445

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 X Bard Wechsler
Signature, typed or printed name of registered agent and title if applicable — NOTE: Registered Agent signature required when mandatory — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	V.P. ☐ Change ☐ Addition
NAME	~~BARR, RAY A~~	12 NAME	BARD WECHSLER
STREET ADDRESS	~~10 BANK ST.~~	13 STREET ADDRESS	2031 N.W. 19 ST.
CITY ST ZIP	~~WHITE PLAINS NY 10606~~	14 CITY ST ZIP	DELRAY BEACH, FL. 33445
TITLE	D	21 TITLE	PRES ☐ Change ☐ Addition
NAME	~~OKUBICKI, MARK~~	22 NAME	PERRIN WECHSLER
STREET ADDRESS	~~10 BANK ST.~~	23 STREET ADDRESS	190 NORTH ST.
CITY ST ZIP	~~WHITE PLAINS NY 10606~~	24 CITY ST ZIP	CHESTER, N.J. 07930
TITLE		31 TITLE	SEC'Y + TRES ☐ Change ☐ Addition
NAME		32 NAME	SUSAN WECHSLER
STREET ADDRESS		33 STREET ADDRESS	190 NORTH ST.
CITY ST ZIP		34 CITY ST ZIP	CHESTER, N.J. 07930
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

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(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.

SIGNATURE: PERRIN WECHSLER PRES 2/25/95 (201) 942-8207
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — Date — Daytime Phone #

0176210 CP