

**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

APPROVED  
AND  
FILED

95 MAY -1 AM 10:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000049525 (6)**

1. Corporation Name:  
**SWEETIES CAFE, INC.**

Principal Place of Business: **3771 PREAKNESS PLACE #1312 PALM HARBOR FL 33684**  
Mailing Address: **3771 PREAKNESS PLACE #1312 PALM HARBOR FL 33684**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21	35154 US 19 N.	26	"SAME"	07/05/1994	N/A
Subs. Apt. # etc		Subs. Apt. # etc		4. FEI Number	Applied For
		AS		59-3257242	Not Applicable
22		27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State			
23	PALM HARBOR FL	28	ABOVE	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip		Zip		8. This corporation has liability for intangible tax under § 199.032, Florida Statutes	
24	34684	29	34684	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Country		Country			
25	PINELLAS	30			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
MOUSTOPOULOS, DEMETRIOS 3771 PREAKNESS PLACE #1312 PALM HARBOR FL 33684 34684				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85 Zip Code

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: *Demetrios Moustopoulos* 4/26/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	MP	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOUSTOPOULOS, DEMETRIOS	1.2 NAME	
STREET ADDRESS	3771 PREAKNESS PLACE, #1312	1.3 STREET ADDRESS	
CITY, ST, ZIP	PALM HARBOR FL 33684 34684	1.4 CITY, ST, ZIP	
TITLE	DST	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOUSTOPOULOS, ANNA	2.2 NAME	
STREET ADDRESS	3771 PREAKNESS PLACE, #1312	2.3 STREET ADDRESS	
CITY, ST, ZIP	PALM HARBOR FL 33684 34684	2.4 CITY, ST, ZIP	
TITLE		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		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		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		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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(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. 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 or changed or on an attachment with an address.

SIGNATURE: *Demetrios Moustopoulos* PRES 4/26/95 (812) 785-5176  
 DEMETRIOS MOUSTOPOULOS, PRES  
 Signature: \_\_\_\_\_  
 Title: \_\_\_\_\_