

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000049525 (6)

1. Corporation Name
SWEETIES CAFE, INC.



Principal Place of Business: **35154 US 19 NORTH PALM HARBOR FL 33684 US**
Mailing Address: **3771 PREAKNESS PLACE #1312 PALM HARBOR FL 34684 US**

3. Date Incorporated or Qualified: **07/05/1994** 3a. Date of Last Report: **05/01/1995**
4. FEI Number: **59-3257242** 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

2. Principal Place of Business: **21 2158 Summit Way**
Suite, Apt. #, etc.: **22**
City & State: **23 Palm Harbor, FL**
Zip: **24 34684** Country: **25 PINELLAS**

9. Name and Address of Current Registered Agent
**MOUSTOPOULOS, DEMETRIOS
3771 PREAKNESS PLACE
#1312
PALM HARBOR FL 34684**

10. Name and Address of New Registered Agent
81 Name: **"SAME"**
82 Street Address (P.O. Box Number is Not Acceptable): **2158 Summit Way**
83
84 City: **Palm Harbor, FL** 85 Zip Code: **34684**

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* PRES. DATE: **4/29/96**

12. OFFICERS AND DIRECTORS

TITLE	MP	<input type="checkbox"/> DELETE
NAME	MOUSTOPOULOS, DEMETRIOS	
STREET ADDRESS	3771 PREAKNESS PLACE, #1312	
CITY - ST - ZIP	PALM HARBOR FL	
TITLE	DST	<input type="checkbox"/> DELETE
NAME	MOUSTOPOULOS, ANNA	
STREET ADDRESS	3771 PREAKNESS PLACE, #1312	
CITY - ST - ZIP	PALM HARBOR FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	2158 Summit Way
14 CITY - ST - ZIP	Palm Harbor, FL 34684
21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	2158 Summit Way
24 CITY - ST - ZIP	Palm Harbor, FL 34684
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
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)(k), 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, unchanged, or on an attachment with an address.

SIGNATURE: *Demetrios Moustopoulos* DATE: **4/29/96** TELEPHONE: **(813) 786-0013**
DEMETRIOS MOUSTOPOULOS

CR2E034 (12/95)