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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # P95000054632

## Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90232 048 \*\*\*150.00

SWEET CITY DISTRIBUTORS, INC.					
	•			1 PROGRAM AND LINES AREA MAIN COURT WAS A SAME	BA 4000 4000 4000 0000 0000 000
	-				
Principal Plac	e of Business	Mailing Address			NY ARITR' BURNE DIVER CHUM HEDI IBBI
ļ '		1906 FAIRFAX CIRCLE			
1906 FAIRFAX CIRCLE					
				DO NOT WRITE IN THI	S SPACE
				3. Date Incorporated or Qualifed	
ļ				07/12/1995	
	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0597628	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional
22		27	· <del>-</del> · · · · · · ·		Fee Required
City & Stat	le .	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year li	
24	25	<del></del>	30	Personal Property Tax.	Yes No
<u> </u>	9. Name and Address of Curren	IT REGISTERED AGENT	81 Name	10. Name and Address of New Registered	n within
SIAI	DICK, PAUL J		Oi Name	·	
	FAIRFAX CIRCLE		82 Street Addr	ress (P.O. Box Number is Not Acceptable)	
	LES FL 33942		00		
NAF	ECO_1 E 30942		83		
	e e e e e e e e e e e e e e e e e e e		84 City		85 Zip Code
				FI	
11. Pursuant	to the provisions of Sections 607.050;	2 and 607.1508, Florida Statutes of Florida, Such change was aut	s, the above-named corp horized by the corporation	oration submits this statement for the purpose con's board of directors. I hereby accept the app	ointment as registered
agent. I a	m familiar with, and accept the obliga	tions of, Section 607.0505, Floric	la Statutes.	,/	1
(	- · · · · · · · · · · · · · · · · · · ·				
SIGNATURE	- athe polade	ich			<u> </u>
	Signature, typed or printly name of registered agen		tegistered Agent signature required		AND DIRECTORS IN 12
12.	OFFICERS AN	ID DIRECTORS	13.	d when reinstating)  ADDITIONS/CHANGES TO OFFICERS A	
<b>12.</b> πιε	OFFICERS AN		13. 1.1 TITLE		AND DIRECTORS IN 12 Change Addition
12. TITLE NAME	OFFICERS AN D SLADICK, PAUL J	ID DIRECTORS	13. 1.1 TITLE 1.2 NAME		
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12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AN D SLADICK, PAUL J	D DIRECTORS	13.  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP		☐ Change ☐ Addition
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14. I 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 if changed, or on an attachment with an address, with all other like empowered.

SOMMINT AGENTRED

941-594-5266