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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary C State DIVISION OF CORPORATIONS

1996

P95000079269 (3) DOCUMENT # SUGARLESS SENSATIONS, INC. Principal Place of Business Mailing Address 10297 185TH STREET. SOUTH 10297 185TH STREET. SOUTH **BOCA RATON FL 33498 BOCA RATON FL 33498** 3. Date Incorporated or Qualified 3a. Date of Last Report 10/16/1995 4. FEI Number Applied For 2a. Maling Address 2. Principal Place of Business Not Applicable 21 26 \$8.75 Additional Suite Apt. #, etc Suite Apt #, etc. Fee Required 27 22 \$5.00 May Be 6. Election Campaign Financing City & State City & State Trust Fund Contribution Added to Fees 23 for intangible tax under s 199.032 8. This corporation has liability Country Zin $Z_{\rm ID}$ Country Yes No Etorida Statutes 29 30 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Street Address (P.O. Box Number is Not Acceptable) CACECI, JACK J JR. 10297 185TH STREET, SOUTH 83 **BOCA RATON FL 33498** Zip Code 85 84 City 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE DATE dichte Bogote of Agoil signal employed whee missability Squatize typist or traded harne of perioters out as differ the plant ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. OFFICERS AND DIRECTORS 12. ☐ Addition DELFTE ☐ Change 1.17000 TITLE CACECI, JACK J JR. NAME 1.2 NAME 10297 185TH STREET, SOUTH 13 STREET ADDRESS STREET ACDRESS **BOCA RATON FL 33498** 14 Cily - \$1 - 7:P CITY+ST-ZIP Change Addition DELETE 2 1 TOLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 City St-7/P CITY - ST - ZIP ☐ Addition DELETE 3 1 TITLE TITLE NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CINY - ST - ZIP CHTY - ST - ZIP Addition DELETE 4 1 11/128 TITLE 4.2 NAME NAME 4.3 STREET ADORESS STREET ADDRESS 400001818244 -05/13/96--01029--031_{Change} 4 4 City St-2# CITY-S1-ZIP ☐ Addition DELETE 5 1 Tillet ***200.08 5.2 NAME NAME 5.3 STREE! ADDRESS STREET ADDRESS 5.4 CH + - ST - ZIP CHY-ST-ZIP [] DELFTE Addition 6 LTITLE IIILE

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 early, that I am an officer or director of the corporation or the receiver or trusted empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block Nor Block

6.2 NAME

6.3 STREET ADDRESS

6.4 C:1Y - S1 - Z:P

SIGNATURE

NAME

STREET ADDRESS

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