

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 # P95000079269 (3)

1. Corporation Name

SUGARLESS SENSATIONS, INC.



Principal Place of Business

10297 185TH STREET, SOUTH
BOCA RATON FL 33498

Mailing Address

10297 185TH STREET, SOUTH
BOCA RATON FL 33498

3. Date Incorporated or Qualified

10/16/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

CACECI, JACK J JR.
10297 185TH STREET, SOUTH
BOCA RATON FL 33498

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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

Signature typed or printed name of registered agent and title (if applicable)

Signature typed or printed name of registered agent and title (if applicable)

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME

D

DELETE

STREET ADDRESS
CITY - ST - ZIP

CACECI, JACK J JR.
10297 185TH STREET, SOUTH
BOCA RATON FL 33498

TITLE
NAME

DELETE

STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME

DELETE

STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME

DELETE

STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME

DELETE

STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME

DELETE

STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME

DELETE

STREET ADDRESS
CITY - ST - ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

400001818244

-05/13/96-01029-031

***200.00

Change Addition

Change Addition

SEP 5-1-96

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

44-25-96 107-8527043

CR2E034 (12/95)