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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9600009508 (8)

SWEET DREAMS CAFE, INC.

FILED Apr 22 1998 8:00am Secretary of State

Principal Place of Business Mailing Address 3723 EAST C-30A/SEAGROVE PLAZA 3723 EAST C-30A/SEAGROVE PLAZA SEAGROVE BEACH FL 32459 SEAGROVE BEACH FL 32459 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/26/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3366538 Not Applicable Suite, Apl. #, etc \$8,75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Γ 23 Trust Fund Contribution Added to Fees Country 8. This corporation owes or has paid the current year Intangible 24 Yes 29 Personal Property Tax due June 30. 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name GARRETT, MARIE J 3723 EAST C-30A/SEAGROVE PLAZA Street Address (P.O. Box Number is Not Acceptable) **SEAGROVE BEACH FL 32459** 83 85 Zip Code **B4** 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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. (NOT) Registered Agent signature required ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12 DETER Change TITLE 1.1 TITLE ARTHUR, JULIA 1.2 NAME NAME 3723 EAST C 30 A STREET ADDRESS 1.3 STREET ADDRESS SEAGROVE BEACH FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition 211111 TITLE **GARRETT, MARIE** 2.2 NAME NAME 3423 EAST C 30 A 2.3 STREET ADDRESS STREET ADDRESS SEAGROVE BEACH FL 2. 4 CITY - ST - ZIP CITY - S1 - ZIP DETETE Addition 3.1 TITLE Change TITLE 3.2 NAME NAME STREET ADDRESS 3 3 STREET ADDRESS 3 4. CITY-ST-ZIP CHTY-ST-ZIP DELFTE Change Addition THLE 4.1 1)TLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Addition THE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 54 CITY-S1-ZIP DELETE Addition 61 TITLE THILE 62 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS CITY-SI-ZIP

14. Thereby 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 suppliemental 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

SIGNATURE:

MANIE GARRES

415/58

850-131-1549

72E034 (10/97)