## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name P96000055370

TOOT-SWEET, INC.

Principal Place of Business	Mailing Address
3245 COASTAL HIGHWAY	3245 COASTAL HIGHWAY

## FILED Sep 16, 1999 8:00 am Secretary of State

09-16-1999 90009 027 \*\*\*550.00



Principal Plac	e of Business	Mailing A	Address				,		
3245 COASTA			ASTAL HIGHWA						
ST. AUGUSTIN	NE FL 32095	ST. AUG	USTINE FL 3209	5			DO NOT WRITE IN THIS SPACE		
)							3. Date Incorporated or Qualified		
							06/27/1996		
2 Principal S	Place of Business	2a Mailis	ng Address				4. FEI Number Applied For		
	lace of dusiness	26	lig Address				59-3387661 Not Applicable		
21 Suite Ast	# ata		, Apt. #, etc.				\$8.75 Additional		
Suite, Apt.	#, etc.	27	, Apr. #, 8tc.	_	,		5. Certificate of Status Desired Fee Required		
City & Stat			& State				6. Election Campaign Financing \$5.00 May Be		
	le .	28	u Siale				Trust Fund Contribution Added to Fees		
Zip	Country	Zip	Zip Country			8. This corporation owes the current year			
<del></del>	— ·	29	· -			intangible Personal Property.			
24	9. Name and Address of Currer		Agent	30			10. Name and Address of New Registered Agent		
	5. Haine and Address of Curren	it itegistered	Agent		81	Name	10. Halle and Addiede of How Haginesian Figure		
FILL	LY, LAWRENCE G ESQ.								
	ANASTASI BOULEVARD			[	82	Street Ac	Address (P.O. Box Number is Not Acceptable)		
	AUGUSTINE FL 32084			-	02				
0,.	ADODOMNE 1 E DEBOY				83				
				•	84	City	85 Zip Code		
							FL   12   25   35   35   35   35   35   35   3		
11. Pursuant	to the provisions of sections 607.050	2 and 607.150	8, Florida Statut	es, the abo	ove-na	med con	poration submits this statement for the purpose of changing its registered ation's board of directors. I hereby accept the appointment as registered		
office or	registered agent, or both, in the State am familiar with, and accept the oblig	ations of, secti	on 607.0505, FI	lorida Stat	utes.	ie corpon	ation's board of directors, i hereby accept the appointment as registered		
SIGNATURE	•		ì						
SIGNATURE	Signature, typed or printed name of registered age			OTE: Register	red Ager	it signature r	required when reinstating) DATE		
12.	OFFICERS AN	ID DIRECTOR	S	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D		DELETE	1.1 TIT	LE		Change Addition		
NAME	RUEN, TERENCE C			1.2 NA	ME				
STREET ADDRESS	3245 COASTAL HIGHWAY			1.3 STF	REET AD	DRESS	,		
CITY-ST-ZtP	ST. AUGUSTINE FL 32095			1.4 CIT	TY-ST-ZII	P			
TITLE			DELETE	2.1 TIT	TLE .		Change Addition		
NAME				2.2 NA	ME				
STREET ADDRESS				2.3 STF	REET AD	DRESS			
CITY-ST-ZIP_		_		2.4 CIT	TY-ST-ZII	P	<del></del>		
TITLE			DELETE	3.1 TIT	rLE.		Change Addition		
NAME				3.2 NA	ME		. —		
STREET ADDRESS				3.3 STF	REET AD	ORESS			
CITY-ST-ZIP				3.4 CIT	TY-ST-ŽII	<sub>P</sub>			
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NAME				4.2 NA	ME				
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NAME			DELETE	5.2 NA			Criange Addition		
					REET AD	DDESC			
STREET ADDRESS				•					
CITY-ST-ZIP				5.4 CFI 6.1 TIT	TY-ST-ZII		Ch Taddu-		
TITLE			L DELETE				Change Addition		
NAME				6.2 NAI					
STREET ADDRESS					REET AD				
CITY-ST-ZIP	AND AN AND THE STATE OF THE STA	Al-la dilla -			Y-ST-ZI		action 110 07/2)/() Elected Cost too 16 attended to that the information		
14. I hereby ce	emity inat the information supplied with	i uns illing daes	s not quality for t	me exemb	won St	ateo in Si	ection 119.07(3)(i), Florida Statutes. I further certify that the information		

indicated on this annual report or Stoplemental 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.