## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

**PROFIT CORPORATION ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT #** P96000084702 (5)

	ANT SWEETS (		NC.	Address	<i>,</i> 								
Principal Place of Business Mailing Address  608 NORTH OLIVE AVENUE 808 NORTH OLIVE AVENUE					MUE	iF							
	BEACH FL 33401	WEST PALM BEACH FL 33401				DO NOT WRITE IN THIS SPACE							
]									3. Date Incorporated or Qu			ate of Last R	lenort
i									10/08/1996	111100	<b>00.</b> Da	ne or case in	броп
_	Place of Business		28. Mailing Address					4. FEI Number			·	oplied For	
Suite, Apt.	# 010	Suite, Apt. #, etc.									ot Applicable		
22 Suite, Apr.	. #, <del>0</del> 1G.	27				5. Certificate of Status Desi	red			Additional equired			
City & Stat	te	City & State					6. Election Campaign Finan	icing			May Be		
Zip		Zip Co			Country			Trust Fund Contribution	has naid	الل		to Fees	
24	Zip Country 25		29			Country			8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No				
9. Name and Address of Current Registered Agent									10. Name and Address of New Registered Agent				
SCHEERER, SANDRA						81	Name						
	18 NORTH OLIVE EST PALM BEAC					Street	Addre	ess (P.O. Box Number is Not Ad	ceptable	ı)			
				83	<del> </del>		<del></del>	<del></del>					
						84	City		<u> </u>			85 Zip	Code
							[				<u>FL</u>	. 1 - 1	
SIGNATURE	registered agent, of am familiar with, and Signature, typed or printe	d name of registered ag	ont and tile 4 app	nicable (NO	)1L Rogi	istered Ag			oration submits this statement f on's board of directors. I hereb id when reinstating)		DATE		
12.	T <del>K</del>	OFFICERS AN	D DIRECTO			13.			ADDITIONS/CHANGES TO	) OFFICE	RS AND		
TITLE NAME	D Scheerer,	SANDRA		☐ DELETE		1.1 TITLE 1.2 NAME						L Change	Addition
STREET ADDRESS	808 NORTH				1.3 STREET ADDRESS								
CITY-ST-ZIP	WEST PALM				1.4 CITY-ST-ZIP								
TITLE				☐ DELETE		2.1 TITLE					_	Change	Addition
NAME						2.2 NAME			•				
STREET ADDRESS CITY-ST-ZIP					- 1	2.3 STREE 2. 4 CITY -	T ADDRESS	ļ					
TITLE	<u> </u>			DELETE		3.1 TITLE	01 EII	1				Change	Addition
NAME					ı	3.2 NAME							
STREET ADDRESS						33 STREE	T ADDRESS						
0/FY-97-2/P-		·	·	DELETE		3.4. CITY-	ST-ZIP	-				Change	noitit bA
NAME	# 1 -4 - # #			_ Dittere		4.1 HILE 4. 2 NAME						onange	
STREET ADDRESS							1 ADDRESS						
CITY-ST-ZIP						4.4 CITY -	ST-ZIP						
TITLE				DELF TE		5.1 TITLE						Change	Addition
NAME	1					5.2 NAME							
STREET ADDRESS	l						1 ADDRESS						
CITY-ST-ZIP TITLE				DELETE		5.4 CITY-: 6.1 TITLE	SI-ZIP	-				Change	Addition
NAME						6.2 NAME							
STREET ADDRESS	1				- 6		T ADDRESS						

14. I do 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 attentiment with an address.

**FILED** 

Sep 16 1997 8:00am

Secretary of State