

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION

1997 FOR AR



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

1997 OCT 31 PM 2:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P96000097363

1. Corporation Name

HOW SWEET IT IS OF THE PALM BEACHES INC.

Principal Place of Business

5700 OKEECHOBEE BLVD.  
WEST PALM BEACH FL 33417

Mailing Address

5700 OKEECHOBEE BLVD.  
WEST PALM BEACH FL 33417

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business In Florida

11/25/1996

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0713688

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
President	ELAINE TESSMER	2102 21 <sup>ST</sup> LN	LAKE WORTH, FL 33463
V.P.	ROBERT TESSMER	2102 21 <sup>ST</sup> LN	LAKE WORTH, FL 33463
			200002349512--8
			-11/17/97-01144-016
			****165.00 ****165.00
			SCC 10-31-97

8. Name and Address of Current Registered Agent

TESSMER, ROBERT

2102 21<sup>ST</sup> LANE

LAKE WORTH FL 33463

9. Name and Address of New Registered Agent

Name

ELAINE TESSMER

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

2102 21<sup>ST</sup> LANE

Suite, Apt. #, Etc.

City

LAKE WORTH

State

FL

Zip Code

33463

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

Elaine Tessmer

REGISTERED AGENT MUST SIGN

Date 10/29/97

11. This corporation owes or has paid the current year  
Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information  
on Intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Elaine Tessmer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/29/97 561-9685516

Date

Daytime Phone #

CR2E040 (8/97)

## MEMO

7-27-47

To whom it may concern:

Please accept this check for \$165.00  
as per our phone conversation with  
Karen. As per explanation: the  
U.S. Postal Service never delivered  
the Annual report fee that was  
mailed in Jan. to our address.  
Thank you for understanding.

Sincerely,  
Glenn Jensen