FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

SWEET	MENT # P9600C ANNIE'S ENTERPRISES, IN	IC.			
Principal Place of Business 692 BALD EAGLE DRIVE		Mailing Address 380 SANDHILL STREET			I DELIG IVILLIANCE CITTLE INC. INC. INC.
MAROO ISLAN	D FL 34145	MARCO ISLAND FL 34145	.522 6		
				 Date Incorporated or Qualified 11/27/1996 	3a. Date of Last Report
2. Principal Place of Business		2a, Mailing Address		4. FEI Number 65-07/10 8-	Applied For
Sulte, Apt. #, etc.		Suite, Apt. #, etc.			Not Applicable SB.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
Zip	Country	28	Country	1 Trust Fund Contribution 8. This corporation has liability for	Added to Fees
24	25	29	30	Florida Statutes	☐ Yes 🗶 No
	 Name and Address of Curre ISTER, RONALD S 	nt Registered Agent	81 Name	10. Name and Address of New Ro	egistered Agent
985 MAC 11, Pursuant office or agent. I a	NORTH COLLIER BLVD. CO ISLAND FL 34145 to the provisions of Sections 607.056 registered agent, or both, in the State am familiar with, and accept the objections.	02 and 607, 1508, Florida Statu of Florida, 2uch change was pations of Section 607,0505, Fl	83 34 84 City	Tress (P.O. Box Number is Not Accepted to the	FL 85 Zip Code purpose of changing its registered put the appointment as registered
SIGNATURE	Signature, typed or printed name of registered ag		It: Registered Agent signature requ		4-14-97 DATE
12.	OFFICERS AN	ID DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFE	CERS AND DIRECTORS IN 12 Change Addition
NAME	GUEST, THOMAS D	E Dittie	1.2 NAME		En phonde Fil voquion
STREET ADDRESS	380 SANDHILL ST.		1.3 STREET ADDRESS		
CITY-ST-ZIP	MARCO ISLAND FL 34145		14 CITY-ST-ZIP		
TITLE	ST CHECK CHECK A	L DELETE	21 THLE		Change Addition
NAME STREET ADDRESS	GUEST, EILEEN A 380 SANDHILL ST.		2.2 NAME 2.3 STREET ADDRESS		
CITY-ST-ZIP	MARCO ISLAND FL 34145		2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 7ITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS	J		3.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	3.4. C(TY - S1 - Z(P		
TITLE NAME		L. DELETE	4.1 TITLE 4.2 NAME		Change L Addition
STREET ADDRESS			4.3 STHEFT ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-7IP		
TITLE		☐ DELETE	5.1 1MLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY - S1 - ZIP		
TITLE		☐ DELE1E	6.1 TITLE		L Change L Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STHEET ADDRESS		
CITY-ST-ZIP	<u> </u>		6 4 CHTY-S1-ZIP		

4. 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 offect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

& Thomas

X 4-14-97

FILED

Apr 18 1997 8:00am

Secretary of State

CR2E034 (9/96)