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

DOCUMENT # P96000097925 (7)

14. I do hereby certify that the information supplied with this filing does not qualify for the information indicated on this annual report or supplemental annual report is true and I am an officer or director of the corporation or the receiver or trustee empowered to appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SWEETIE #1, INC.

Principal Place of Business

Mailing Address

FILED May 06 1997 8:00am Secretary of State

exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the courate and that my signature shall have the same legal effect as if made under oath; that xecute this report as required by Chapter 607, Florida Statutes; and that my name

4-24-97

451 CENTRAL PARK DRIVE LARGO FL 33771		451 CENTRAL PARK DRIVE LARGO FL 33771-2143							
					3. Date Incorporated or Qualified 3a. Date of Last Report 11/21/1996 /-/5-7.7				
	Place of Business	2a. Mailing Address			4. FEI Number			Applied For	
21 2045		26 2045 SAST BAY DRIVE			593409988			Not Applicable	
Suite, Ap1. #, etc. 22 435		Suite, Apt. 7, etc. 27 425			5. Certificate of Status Desired		\$8.75 Additional Fee Required		
City & Stat	B, FL	City & State 28 LAPSO FL			6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees		
Zip Country 24 3 377/ 25 45		Zip 3377/				8. This corporation has liability for intengible tax under s. 199.032, Florida Statutes Yes \(\sigma\) No			
	g. Name and Address of Current	Registered Agent				10. Name and Address of New Re	gistered A	gent	
LOVELACE, WILLIAM K					Name				
	WEST BAY DRIVE		82 Street Addr			ress (P.O. Box Number is Not Acceptable)			
LARC	30 FL								
				83					
				84	City		F= 1	85 2	Zip Code
44-6	4-41	and COZ 1500 Florido Cial	the the sh		nonned som	poration submits this statement for the p	FL		o ito conintered
office or r agent. I a	registered agent, or both, in the State of familiar with, and accept the obligations.	of Florida. Such change was tions of, Section 607.0505, F	authorized Iorida Stati	by to by tutes.	he corporati	ion's board of directors. I hereby accep	of the appo	intmen	as registered
SIGNATURE	Signature, typed or printed name of registered agent	and title if any leable (NC	If Registered	Apent	signature requir	red when reinstating)	DATE		
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFIC	ERS AND	DIRLC	TORS IN 12
TITLE	D	☐ DELETE	1.3 Til	LE	P	15.7 n.		Char	ige Addition
NAME	CHATHAM, CATHY	•	1.2 NA	MĒ	CH	ATHAM, CHTHY	4/1/2	_	
STREET ADORESS	2045 EAST BAY DRIVE # 425		1.3 \$1	REET A	DDRESS_20	ATHAM, CHTHY 45 E. BAY DRIVE 9RGO, FL 337	. #'42	ح.	
CITY-ST-ZIP	LARGO FL 33771	 		Y-ST-	ZIP L	grad, FL 337	7/		
TITLE		☐ DELETE	21 10			r	l	Chan	ige L Addition
NAME			2 2 NA	ME					
STREET ADDRESS					DDRESS				
CITY-ST-ZIP		Delete	2 4 0		-7IP.				
TITLE		☐ DELETE	·31 TIT				ı	Char	ige Addition
NAME			3.2 NA						
STREET ADDRESS	·				DDRESS				
CITY-ST-ZIP TITLE		DELETE	3 4 . CI		- ZIP			Char	nge Addition
NAME		בַ טנננונ	4.1 III 4.2 N/						as CT HOOMON
STREET ADDRESS					DDRESS				
CITY-ST-ZIP				HEEL A IY-ST-					
TITLE		DELETE	9.4 CH		4117			Char	nge Addition
NAME	<u> </u>		5.2 NA						
STREET ADDRESS	Ì				DDRESS				
CITY-ST-ZIP				IY-ST-	·				
TITLE		DELETE	6.1 (1		LN .		· · · · · · · · · · · · · · · · · · ·	Char	nge Addition
NAME			-6.2 A				•		
STREET ADDRESS					DORESS				