## 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 # P96000100500 (3)

SWEET ANTICIPATION, INC.

Principal Place of Business  9590 ASHLEY DRIVE MIRAMAR FL 33025		Mailing Address 9590 ASHLEY DRIVE MIRAMAR FL 33025-3811	9590 ASHLEY DRIVE				
					3. Date Incorporated or Qualified 12/12/1996	3a. Date of Last R	
	lace of Business	2a. Mailing Address	F-7 "		ET NUMBER		plied For
21		26	~dd				ot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	27		5. Certificate of Status Desired	\$8.75 / Fee Re	equired
City & State		City & State	28		Election Campaign Financing     Trust Fund Contribution	\$5.00 Added to	
Zip	Country	Zip	Country	,	8. This corporation has liability for it	tangible tax under s.	. 199.032,
24	25	29	30		Florida Statutes Yes No  10. Name and Address of New Redistered Agent		
		of Current Registered Agent	81	Name	10. Name and Address of New Reg	Nstered Agent	
CALLAHAN, J R 700 SO ROYAL POINCIANA BLVD. STE 502				Name			
	SU RUTAL PUINCIANA VII SPRINGS FL 33166	BLVD. STE 502	82	Street Ado	ddress (P.O. Box Number is Not Acceptable)		
MIAN	WI SPAINUS FL 33 100		83	ļ			
				City		FL 85 Zip (	Code
11. Pursuant to the provisions of Sections 607 0502 and 607 1508, Florida Statutes, th				e-named cor	poration submits this statement for the po	urnose of changing it	s registered
office or r	registe <del>red ag</del> ent, or both, in	the State of Florida, Such change was	s authorized by	y the corpora	ation's board of directors. I hereby accep	t the appointment as	registered
SIGNATURE	3 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		Torretti Ottorotto	<b>.</b>			
SIGNATURE	Signature byted or printed name of re		OTC Registered Age	ent signature requ	uired which reinstating)	DATE	
12.			13.	···	ADDITIONS/CHANGES TO OFFIC		
TITLE	_		1.1 TITLE	l	·	☐ Change	L Addition
NAME	EUART, JEFFREY 9590 ASHLEY DRIVE		1.2 NAME				
STREET ADDRESS	MIRAMAR FL 33025		1.3 STREFT				I
CITY-ST-ZIP TITLE	D DELFI		1.4 CITY - S	31 - 7IP		Change	Addition
NAME	EUART, JOANN		2.1 TITLE	1		L. Glange	L_ Addition
STREET ADDRESS	9590 ASHLEY DRIVE		2.2 NAME	ADDRESS			
CITY-ST-ZIP	MIDAMAD EL ADOCE		2.3 STREET 2. 4 CHTY-				
TITLE		DELETE 31		31-21		Change	Addition
NAME		<b></b>	3.2 NAME			,	
STREET ADDRESS	,		3.3 STREET	ADDRESS		*	
CITY-\$T-ZIP			3.4. CHTY-				
TITLE		DLLETE	4.1 1011			Change	Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET	ADDRESS			
CITY-ST-ZIP			4.4 CITY -				-
TITLE		DELETE	5 1 TITLE			Change	☐ Addition
NAME			5.2 NAME				
1	I			. 1			

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 eath; 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 8igek 73 if changed, or on an imperiment with an address.

**6.3 STREET ADDRESS** 

DELETE

SIGNATURE &/ MAN H CHANT

CITY-ST-ZIP

CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS

4/4/97 × 433-3

☐ Change ☐ Addition

**FILED** 

Apr 25 1997 8:00am

Secretary of State