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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # P9700000029 (3)

SWEET EXPRESSIONS, INC. Principal Place of Business Mailing Address 1052 NARROW GAUGE 1052 NARROW GAUGE WINTER GARDEN FL 34787-2124 WINTER GARDEN FL 34787 3. Date Incorporated or Qualified 3a. Date of Last Report 12/31/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 3200 Old Winter Garden 28 oad 59-3420871 Same Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 1514 Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing Γ 23 Trust Fund Contribution Added to Fees Ocoee, FI Country Zip 8. This corporation has liability for intangible tax under s. 199.032, 34761 Yes 🔣 No 24 25 Orange Florida Statutes 29 30 9. Name and Address or current Registered Agent 10. Name and Address of New Registered Agent 81 Name PHILLIPS, DAVID 1052 NARROW GAUGE 82 Street Address (P.O. Box Number is Not Acceptable) WINTER GARDEN FL 34787 83 84 City 85 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOT) Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if appricable 12, OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DLLETE TITLE 1.1 TITLE Change Director NAME 1.2 NAME David Phillips STREET ADDRESS 3200 Old Winter Garden Rd #15143 STREET ADDRESS CITY-ST-ZIP 1.4 CITY- ST- 7IP Ocoee, FL 34761 Addition TITLE 21 THLE Change Director NAME 2.2 NAME Amy Phillips STREET ADDRESS 2.3 STREET ADDRESS 3200 Old Winter Garden Rd 1514 CITY-ST-ZIP 2. I CITY-ST-ZIE Ococe, FL 34761-DELETE Change Addition 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3 3 STREET ADDRESS CITY-ST-ZIP 3.4, CITY - \$T - ZIP DELETE Change Addition 4.1 TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 (CiTY - \$1 - ZIP DELETE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADORESS 5.3 \$TREE1 ADDRESS CITY-ST-ZIP 5.4 ÇITY - \$1 - ZIP DELETE 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 \$TREE1 ADDRESS CITY-ST-ZIP

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 Blook 12 or Block 18 if Gyanged, or on an attachment with an address.

SIGNATURE:

4/24/97

407-356-5129

FILED

May 08 1997 8:00am

Secretary of State