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

## **PROFIT CORPORATION** ANNUAL REPORT 1998 DOCUMENT #

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

P97000020294 (9)

SWEET LOU'S, INC.

## **FILED** Mar 11 1998 8:00am Secretary of State



|   | <del></del>  |  |   |   |                          | _                 |                           |   |  | AN ANN NAN                  | Jan III I                 | HA BARA HARA                |  |
|---|--|--|---|---|--------------------------|-------------------|---------------------------|---|--|-----------------------------|---------------------------|-----------------------------|--|
| Principal Place                         | e <b>o</b> f Business                                    |  | Mailir  | ng Address  |                          |                   |                           |   | i cantindi era tatit idate anni darie.                                 |                             | *****                     | 1111 1111 1111              |  |
| 508 NO BEVERLY AVE. 508 NO BEVERLY AVE. |  |  |   |   |                          |                   |                           |   |  |                             |                           |                             |  |
| TAMPA FL 33609                          |  |  | TAM   | TAMPA FL 33609  |                          |                   |                           | - 1   | DO NOT WRITE IN THIS SPACE   |                             |                           |                             |  |
|   |  |  |   |   |                          |                   |                           | -   | 3. Date Incorporated or Qualified                                      |                             |                           |                             |  |
|   |  |  |   |   |                          |                   |                           | 1   | 02/28/1997   |                             |                           |                             |  |
| 2. Principal Pl                         | lace of Busine   | SS   | 2a. M   | ailing Address  |                          |                   |                           |   | 4. FEI Number  |                             | T A                       | pplied For                  |  |
| 27 JCB                                  | + HIE  | SAMZ   | 26 5  | 103-B F   | = Foll                   | ov                | Aut                       |   | 59-3412040   |                             | N                         | ot Applicable               |  |
| Suite, Apt. #, etc.                     |  |  | 27  | Suite, Apt. #, etc.                                   |                          |                   | - 1                       | 5. Certificate of Status Desired  \$8.75 Additton Fee Require |  |                             |                           |                             |  |
| City & State                            | ė<br>, (   | ( '  | 28 1  | jy & State<br>Anna                                    | FL                       | 3                 | 3617                      | 7   | 6. Election Campaign Financing<br>Trust Fund Contribution              |                             |                           | May Be<br>to Fees           |  |
| Zip                                     |  | Country /  | Ži  | 2/17  | Cou                      | untry             | CIA                       |   | <ol> <li>This corporation owes or has j</li> </ol>                     | oaid the cor                | ent year In               | tangible                    |  |
| 24 (                                    | 2  | 5  | 29 3  | 3611  | 30                       | $\angle S$        | , 14                      |   | Personal Property Tax due Jur  |                             |                           | No                          |  |
|   |  | nd Address of Curr   | ent Register  | ed Agent  |                          | -                 |                           | 1   | <ol><li>Name and Address of New F</li></ol>                            | tegistered A                | gent                      |                             |  |
|   | NCHEZ, LUIS  |  |   |   |                          | 81                | Name                      |   |  |                             |                           |                             |  |
| 508 NO BEVERLY AVE.                     |  |  |   |   |                          | 82 Street Address |                           |   | (P.O. Box Number is Not Accept   | able)                       |                           |                             |  |
| TAI                                     | MPA FL 3360  | 9  |   |   |                          | -                 |                           |   |  |                             |                           |                             |  |
|   |  |  |   |   |                          | 83                |                           |   |  |                             |                           |                             |  |
|   |  |  |   |   |                          | 84                | City                      |   |  | )= i                        | 85 Zip                    | Code                        |  |
|   |  | <u> </u>   | F00 1007  | 4500 EL 24-00   |                          | Щ                 |                           |   |  | <u>FL</u>                   |                           |                             |  |
| office or re                            | io the provision<br>e <b>giste</b> red ager              | nt, of bections 607.05<br>nt, of both, in the Sta                    | te of Florida.  | 1508, Florida Stat<br>Such chapge was                 | utes, the a<br>authorize | bove<br>d by      | rhamed c<br>the corpo     | corporation's   | ion submits this statement for the<br>board of directors. I hereby acc | purpose of<br>ept the appo  | onanging i<br>Jintment as | is registered<br>registered |  |
| agent. I ar                             | m familiar with  | and accept the obl   | igations of, Si   | ection 607.0505, f                                    | Florida Sta              | tutes             |                           |   |  | 7/7                         | 011                       | 10                          |  |
| SIGNATURE                               | Signature, type or                                       | rinted name of registered s  | <u> </u>  |   |                          |                   |                           |   | en reinstating)  |                             | <u> </u>                  | / 6                         |  |
| 12.                                     | Signature, typica-cr                                     |  | ND DIRECTO  |   | 13.                      | o Age             | in alghatura re           | edones M  | ADDITIONS/CHANGES TO OFF   | ICERS AND                   | DIRECTOR                  | RS IN 12                    |  |
| TITLE                                   | D  | 0.11.00.101.   |   | DELETE  | 1,1 TI                   | ITLE              | - T                       |   | 1.551110110/01/21/02/01/0  |                             | Change                    | Addition                    |  |
| NAME                                    | \$ANCHEZ   | . Luis   |   | _   | 1.2 N                    |                   | ŀ                         |   |  | ,                           |                           | _                           |  |
| STREET ADDRESS                          |  | EVERLY AVE.  |   |   | 1.3 S                    | TREET.            | ADDRESS                   |   |  |                             |                           |                             |  |
| CITY-ST-ZIP                             | TAMPA FL   |  |   |   |                          | ITY-SI            | - 1                       |   |  |                             |                           |                             |  |
| TITLE                                   |  |  | *   | ☐ DELETE  | 2.1 10                   |                   |                           |   |  |                             | Change                    | Addition                    |  |
| NAME                                    |  |  |   |   | 2.2 N                    | AME               | [                         |   |  |                             |                           |                             |  |
| STREET ADDRESS                          |  |  |   |   | 2.3 S                    | TREET             | ADDRESS                   |   |  |                             |                           |                             |  |
| CITY-ST-ZIP                             |  |  |   |   | 2.40                     | HTY-S             | T-ZIP                     |   |  | ·                           |                           |                             |  |
| TITLE                                   |  |  |   | DELET <b>E</b>  | 3.1 11                   | TLE               |                           |   |  |                             | Change                    | Addition                    |  |
| NAME                                    |  |  |   |   | 3.2 N                    | AMÉ               | 1                         |   |  |                             |                           |                             |  |
| STREET ADDRESS                          |  |  |   |   | 3.3 S                    | TREET             | address                   |   |  |                             |                           |                             |  |
| CITY-ST-ZIP                             |  |  |   |   | 3.4. C                   | TY-S              | T-ZIP                     |   |  |                             |                           |                             |  |
| TITLE                                   |  |  |   | DELETE  | 4.1 Tř                   | TL€               | <b>\</b>                  |   |  |                             | Change                    | Addition                    |  |
| NAME                                    |  |  |   |   | 4. 2 N                   | IAME              |                           |   |  |                             |                           |                             |  |
| STREET ADDRESS                          |  |  |   |   | 4.3 ST                   | TAEET A           | address (                 |   |  |                             |                           |                             |  |
| CITY-ST-ZIP                             |  |  |   | December 1  |                          | TY-\$1            | 7- <b>2</b> IP            |   | <del></del>  |                             | 10.                       | 7 4 4 9 0                   |  |
| TITLE                                   |  |  |   | L. DELETE   | 5.1 71                   |                   | ļ                         |   |  | l                           | Change                    | ☐ Addition                  |  |
| NAME                                    |  |  |   |   | 5.2 N/                   |                   |                           |   |  |                             |                           |                             |  |
| STREET ADDRESS                          |  |  |   |   | 4                        |                   | ADDRESS                   |   |  |                             |                           |                             |  |
| CITY-ST-ZIP                             | <del></del>  | <del></del>  |   | DELETE  |                          | TY-\$1            | r-ZIP                     |   |  | 1                           | Charac                    | # al al 10 = =              |  |
| TITLE                                   |  |  |   | ☐ DELETE  | 6.1 11                   |                   | -                         |   |  | ŀ                           | Change                    |                             |  |
| NAME                                    |  |  |   |   | 6.2 N/                   |                   | . BORES                   |   |  |                             |                           |                             |  |
| STREET ADDRESS                          |  |  |   |   |                          |                   | ADDRESS                   |   |  |                             |                           |                             |  |
| CITY-ST-ZIP                             | artifut bot the  | nformation cumplied  | with this filing  | doe not avalit.                                       |                          | 17-S1             |                           | l in Soci   | ion 119.07(3)(i), Florida Statutes.                                    | I further occ               | ifu that the              | information                 |  |
| indicated of officer or of Block 12 of  | on this annual<br>director of the or<br>or Block 13 if c | report or supplement<br>corporation of the re<br>hanged or in an att | ntal annual reported the state of the state | port is true and ac<br>tee empowered to<br>an address | execute to               | d tha<br>this r   | t my signa<br>eport as re | ature sh<br>required  | hall have the same legal effect as by Chapter 607, Florida Statutes    | if made und<br>; and that m | er oath; the<br>y name ap | at I am an<br>pears in      |  |