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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

P97000062738 (4)

SWEETS 'N THINGS, INC.

Principal Place of Business

Mailing Address

## FILED Mar 26 1998 8:00am Secretary of State



638 PLETCHED STREET HOLLTWOOD FL 330K) HOLLTWOOD FL 33020 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/21/1997 2. Principal Place of Business Applied For 710 N.W. 74 PLACE 65-076828 Not Applicable 21 Suite, Apt. #, etc. \$8.75 Additional Fee Required 22 City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees Zip Country This corporation owes or has paid the current year Intangible ☐ Yes Personal Property Tax due June 30. 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name AMERILAWYER CHARTERED Street Address (P.O. Box Number is DICHBAUM 343 ALMERIA AVENUE 82 **CORAL GABLES FL 33134** 83 Zip Code **3307.3** 84 Cree F 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 5. Florida Statutes HARVEY OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition PSD 1.1 TITLE TITLE BIRNBAUM, LEWIS NAME 1.2 NAME W.W. 74 Place **1638 FLETCHER STREET** 1.3 STREET ADDRESS STREET ADDRESS HOLLYWOOD FL 33020 CITY-ST-ZIP 14 CITY - ST - 7/P DELETE 2.1 TITLE TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE TITLE 3.1 TITLE 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE 4.1 TITLE Change Addition TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE ☐ Change Addition 6.1 TITLE TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP

14. Thereby 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 suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; 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 Block 13 if changed, or on an attachment with an address.