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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **P98000065046**1. Corporation Name

SWEET NECESSITIES, INC.

Principal Plac	e of Business	Mailing Address				,,,,,,			
911 CHESTNUT ST CLEARWATER FL 33757  911 CHESTNUT ST CLEARWATER FL 33757					ļ	DO NOT WRITE	IN THIS SPACE	<u> </u>	
						3. Date Incorporated or Qualifed 07/24/1998			
Principal Place of Business     2a. Mailing Address						4. FEI Number		Applied For	
21 100-G	INDIAN ROCKS RD N	26 2963 GULF TO	BAY	BL	VD	59-3523704		Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc. 330	- 220 ·			5. Certificate of Status Desired	status Desired		
City & Stat	le	City & State				6. Election Campaign Financing - \$5.00 May Be			
23 BELLE	AIR BLUFFS, FL	28 CLEARWATER, I	FL			Trust Fund Contribution		ded to Fees	
Zip				ountry 8. This corporation owes the current year Intangible					
33770	UŠA	29 33759 <sub>3</sub>	10	USA		Personal Property Tax.	Yes	y <del>⊊</del> ytNo	
	9. Name and Address of Current	t Registered Agent				10. Name and Address of New Reg	istered Agent		
				81	Name WTT:	LIAM H. SIMON, JR.			
LITTLE, MICHAEL G				82					
911 CHESTNUT ST				Street Address (P.O. Box Number is Not Acceptable) 2963 GULF TO BAY BLVD					
CLEARWATER FL 33757				83		220			
						330	Tasl	Zio Codo	
	•			84	City CLE	ARWATER	FL  85  3	33759°	
11. Pursuant office or ragent. La	to the provisions of Sections 607.0502 registered agent, or both, in the State of am familiar with, and accept the obligation	tions of Section 607.0505, Flond	aa Stati	utes.	named corpor e corporation		99 (727)		
GIGHATORE	Signature, typed or printed name of registered agent	<del></del>	Registered	Agent si	gnature required w		DATE		
12.	OFFICERS, ANI		13.		<del></del>	ADDITIONS/CHANGES TO OFFIC			
TITLE	P	☐ DELETE	1.1 17	TLE			Cha	ange []] Additio	
NAME	SIMON, WH JR		1.2 N	AME					
STREET ADDRESS	2963 GULF TO BAY	BLVD STE 330	1.3 \$1	TREET AL	DDRESS				
CITY-ST-ZIP	CLEARWATER, FL 3	33759	1.4 Ci	TY-ST-Z	ZIP	<u> </u>		<u></u>	
TITLE		☐ DELETE	2.1 रा	TLE			Cha	inge 🔲 Addition	
NAME			2.2 N	AME					
STREET ADDRESS	.}		2.3 \$1	TREET AL	DORESS				
CITY-ST-ZIP			2.4C	ITY-ST-Z	ZIP				
TITLE	DELETE 3.11		3.1 TT	TLE	-	and the second second second	Cha	unge 🔲 Addition	
NAME			3.2 N	AME	j				
STREET ADDRESS			3.3 51	TREET A	DDRESS				
CITY-ST-ZIP			3.4. C	ITY-ST-	ZIP				
TITLE		☐ DELETE	4.1 77	TLE	1		Cha	enge 🔲 Additio	
NAME			4. 2 N	IAME					
STREET ADDRESS	.]		4.3 ST	TREET AL	DORESS				
CITY-ST-ZIP	<u> </u>		4.4 CI	TY-ST-2	SP		<u></u>		
	1				,		□ ch	onne □ Additio	

CITY-ST-ZIP 14. I 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 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, with all other like empowered.

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

REWILLIAM: H. SIMON, JR.

4/5/99

(727)791-7879

FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90210 007 \*\*\*150.00

Change

Addition