**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## FILED Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90170 047 \*\*\*158.75

## DOCUMENT # P98000073907 1. Corporation Name

SWEETBRIAR, INC.

Principal Place of Business
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Mailing Address



4301 LIZSHIRE LANE #C212 ORLANDO FL 32822  4301 LIZSHIRE LANE #C212 ORLANDO FL 32822			DO NOT WRITE IN THIS	S SPACE			
			3. Date Incorporated or Qualifed				
			08/20/1998				
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For			
21 Same	26 4546 S. Sem	oran Blue	1, 59-363-3651	Not Applicable			
Suite, Apt. #, etc.	Suite, Apt. #, etc.		-5 Certificate of Status Desired	\$8.75 Additional Fee Required			
City & State	City & State  28 Orland O		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees			
Zip Country <b>25</b>	Zip Cou	intry 32822	This corporation owes the current year In     Personal Property Tax.	ntangible □ Yes □ No			
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent				
GREEN, ROSEMARY		81 Name					
4301 LIZSHIRE LANE #C212		82 Street Address (P.O. Box Number is Not Acceptable)					
Orlando FL 32822		83					
		84 City	FI	85 Zip Code			
11. Pursuant to the provisions of Sections 607.050	2 and 607.1508, Florida Statutes, the a	bove-named corpor	ration submits this statement for the purpose o	f 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.

•	Training Will, and doopt the abigations of, seemen						
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Re	gistered Agent signature requ	ired when reinstating)	DATE		
12.	OFFICERS AND DIRECTORS		13.		S TO OFFICERS AND D	IRECTOR	S IN 12
TITLE	D	DELETE	1,1 TITLE			] Change	☐ Addition
NAME	GREEN, ROSEMARY		1.2 NAME				
STREET ADDRESS	4301 LIZSHIRE LANE #C212		13 STREET ADDRESS				
CITY-ST-ZIP	ORLANDO FL 32822		1.4 CITY-ST-ZIP				
TITLE		DELETE	2.1 TITLE			] Change	Addition
NAME			2.2 NAME				
STREET ADDRESS			2.3 STREET ADDRESS		يېسىسىسىدىن يەپىدەر	·	,
CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·		2.4 CITY-ST-ZIP				
TITLE	, C	] DELETE	3.1 TITLE			] Change	☐ Addition
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET ADDRESS				
CITY-ST-ZIP			3.4. CITY-ST-ZIP				
TITLE		DELETE	4.1 TITLE		Ĺ.	] Change	☐ Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP			4.4 CITY-ST-ZIP				
TIRLE		] DELETE	5.1 TITLE			] Change	☐ Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY-ST-ZIP				
TITLE		DELETE	6.1 TITLE			] Change	Addition
NAME			6.2 NAME				
STREET ADDRESS	•		6.3 STREET ADDRESS				
CITY+ST-ZIP			6.4 CITY-ST-ZIP				
44 Ibaaabira	ertify that the information supplied with this filing does	not qualify for th	e exemption stated in	Section 119 07/3\/i\ Florida .	Statutes, I further certify t	tnat the inf	ormation

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 op an attachment with an address, with all other like empowered.

SIGNATURE: