

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**APPROVED AND FILED**

95 MAR 15 AM 8:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT <b>1995</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 208858 (1)**

1. Corporation Name  
**THE MINDORE HOLDING CORPORATION**

Principal Place of Business 15700 NW 18TH AVE. OPA LOCKA FL 33054	Mailing Address 15700 NW 18TH AVE. OPA LOCKA FL 33054
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DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>01/08/1958</b>	3a. Date of Last Report <b>05/01/1994</b>
21	22	23	24	4. FEI Number <b>59-6076852</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$8.75 Additional Fee Required \$5.00 May Be Added to Fees	
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
PAPPY, ETHYL 478 EVANSTON CIRCLE FORT LAUDERDALE FL 33312				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAPPY, ETHYL	1.2 NAME	
STREET ADDRESS	478 EVANSTON CIRCLE	1.3 STREET ADDRESS	
CITY- ST- ZIP	FORT LAUDERDALE FL	1.4 CITY- ST- ZIP	
TITLE	SD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MIZELL, EARL G.	2.2 NAME	
STREET ADDRESS	15700 NW 18TH AVE	2.3 STREET ADDRESS	
CITY- ST- ZIP	OP LOCKA FL	2.4 CITY- ST- ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EDISON, ERVEAN	3.2 NAME	
STREET ADDRESS	10 NW 7TH AVE	3.3 STREET ADDRESS	
CITY- ST- ZIP	DANIA FL	3.4 CITY- ST- ZIP	
TITLE	VPD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDREWS, JACQUELYN	4.2 NAME	
STREET ADDRESS	2 S.W. 7TH AVENUE	4.3 STREET ADDRESS	
CITY- ST- ZIP	DANIA FL	4.4 CITY- ST- ZIP	
TITLE	TD	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEEK, BERNICE	5.2 NAME	
STREET ADDRESS	3 S.W. 7TH AVENUE	5.3 STREET ADDRESS	
CITY- ST- ZIP	DANIA FL	5.4 CITY- ST- ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		6.4 CITY- ST- ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: Earl G. Mizell Secretary 3/9/95 (305) 925 1086  
 \_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR Date ( daytime phone # )