

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

PROFIT CORPORATION ANNUAL REPORT **Amendment** 1995 '96

FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **208858**
1. Corporation Name
Mindore Holding Corporation

Principal Place of Business Mailing Address

400001802504
-05/01/96--01015--009
***61.25
DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business 2a. Mailing Address

21 **Mizell Library** 26 **812 N.W. 19th Terrace**

22 **1409 N.W. 6th Street** 27

23 **Jt. Lauderdale, Fl.** 28 **Jt. Lauderdale, Fl.**

24 **33311** 25 **Broward** 29 **33311** 30 **Broward**

3. Date Incorporated or Qualified **1958** 3a. Date of Last Report **MARCH 28, 1996**

4. FEI Number **59-6076852** Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

B1 Name **Guilda M. Bryant**

B2 Street Address (P.O. Box Number is Not Acceptable) **812 N.W. 19th Terrace**

B3

B4 City **Jt. Lauderdale, FL** B5 Zip Code **33311**

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: **Guilda Mizell Bryant s/d G.M. Bryant** DATE: **4/23/96**

12. OFFICERS AND DIRECTORS

TITLE	P/D
NAME	Ethel Pappy
STREET ADDRESS	478 EVANSTON circle
CITY - ST - ZIP	Jt. Lauderdale, Fl. 33312
TITLE	V/D
NAME	Jackie Andrews
STREET ADDRESS	2 S.W. 7th AVE.
CITY - ST - ZIP	Dania, Fl. 33004
TITLE	S/D
NAME	Earl Mizell
STREET ADDRESS	15700 N.W. 18th Ave.
CITY - ST - ZIP	OPA Locka, Fl. 33054
TITLE	T/D
NAME	Bernice Peck
STREET ADDRESS	3 S.W. 7th AVE.
CITY - ST - ZIP	Dania, Fl. 33004
TITLE	P
NAME	Ervean Edison
STREET ADDRESS	10 S.W. 7th AVE.
CITY - ST - ZIP	Dania, Fl. 33004

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Gwendolyn Mizell Mosby
1.3 STREET ADDRESS	618 BLAKE AVE. S.E.
1.4 CITY - ST - ZIP	Atlanta, Ga. 30316
2.1 TITLE	Vice President/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Taft H. Mizell
2.3 STREET ADDRESS	140 Burbank Dr. N.W.
2.4 CITY - ST - ZIP	Atlanta, Ga. 30314
3.1 TITLE	Secretary/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Guilda M. Bryant
3.3 STREET ADDRESS	812 N.W. 19th Terrace
3.4 CITY - ST - ZIP	Jt. Lauderdale, Fl. 33311
4.1 TITLE	Treasurer/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Isadore Mizell
4.3 STREET ADDRESS	1716 Franklin St. N.E.
4.4 CITY - ST - ZIP	Washington, D.C. 20018
5.1 TITLE	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Ethel Pappy
5.3 STREET ADDRESS	478 EVANSTON circle
5.4 CITY - ST - ZIP	Jt. Lauderdale, Fl. 33312
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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: **G.M. Bryant s/d (G.M. Bryant)** DATE: **4/23/96 (954) 765-4429**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE OF FILING

CR2E034 (3/95)

4-3096
JR