

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

FILED

96 DEC 13 AM 8:36



DOCUMENT # **208858** (1)

1. Corporation Name
THE MINDORE HOLDING CORPORATION

Principal Place of Business Mailing Address
15700 NW 18TH AVE OPA LOCKA FL 33054

2. Principal Place of Business 2a. Mailing Address

22. State, Apt. #, etc. 27. State, Apt. #, etc.

23. City & State 28. City & State

24. Country 25. Country 29. Zip 30. Country

3. Date Incorporated or Qualified **01/08/1958** 3a. Date of Last Report **10/28/96**
4. FEI Number **59-6076852** Applied For Not Applied For
5. Certificate of Status Desired **\$8.75 Addition Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
7. This corporation has liability for enterprise tax under s. 199.032, Florida Statutes Yes No

8. Name and Address of Current Registered Agent

**BYRANT, GUILDA
812 NW 19th TERRACE
FT. LAUDERDALE, FL 33311**

10. Name and Address of New Registered Agent

01 Name **EARL G. MIZELL**
02 Street Address (P.O. Box Number is Not Acceptable) **15700 NW 18th AVENUE**
03
04 City **OPA LOCKA** FL 05 Zip Code **33054**

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 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 undertake to, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: *Earl G. Mizell* **Earl G. Mizell, Secretary** 12/04/1996

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	PAPPY, ETHEL	
STREET ADDRESS	478 EVANSTON CIRCLE	
CITY-ST-ZIP	FORT LAUDERDALE FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	MIZELL, EARL G	
STREET ADDRESS	15700 NW 18TH AVE	
CITY-ST-ZIP	OPA LOCKA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	EDISON, ERVEAN	
STREET ADDRESS	10 NW 7TH AVE	
CITY-ST-ZIP	DANIA FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	ANDREWS, JACQUELYN	
STREET ADDRESS	2 SW 7TH AVE	
CITY-ST-ZIP	DANIA FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	PEEK, BERNICE	
STREET ADDRESS	3 SW 7TH AVE	
CITY-ST-ZIP	DANIA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	600002032010 Change - (3) Add
12 NAME	-12/18/96--01019--015
13 STREET ADDRESS	*****61.50 *****61.50
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
62 NAME	
63 STREET ADDRESS	
64 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 checked, or in an attachment with an address.

SIGNATURE: *Earl G. Mizell* **EARL G MIZELL** 12/04/1996 (309) 925108
SECRETARY

12-17-96
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