

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 FEB 13 PM 1:04

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 208858 (1)

1. Corporation Name
THE MINDORE HOLDING CORPORATION
~~Amendment~~



Principal Place of Business
MIZELL LIBRARY
1406 N.W. 6TH STREET
FT. LAUDERDALE FL 33311

Mailing Address
612 N.W. 19TH TERRACE
FT. LAUDERDALE FL 33311-6940

3. Date Incorporated or Qualified 01/08/1958
3a. Date of Last Report 06/12/1996

2. Principal Place of Business
21 *Game*
Suite, Apt. #, etc.
22
City & State
23
Zip
24
Country
25

2a. Mailing Address
26 *Game*
Suite, Apt. #, etc.
27
City & State
28
Zip
29
Country
30

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
BRYANT, GUILDA M
812 N.W. 19TH TERRACE
FT. LAUDERDALE FL 33311

10. Name and Address of New Registered Agent
81 Name Guilda M. Bryant
82 Street Address (P.O. Box Number is Not Acceptable) 812 N.W. 19th Terrace
83 300002033673--5
-02/21/97--01003--002
84 City Ft. Lauderdale FL 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 M. Bryant sp* *JM Bryant* 1/28/97
Signature typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when resigning) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	MOSBY, GWEN	
STREET ADDRESS	618 BLAKE AVE. S.E.	
CITY - ST - ZIP	ATLANTA GA 30316	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	MIZELL, TAFT H	
STREET ADDRESS	140 BURBANK DR. N.W.	
CITY - ST - ZIP	ATLANTA GA 30314	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	BRYANT, GUILDA M	
STREET ADDRESS	812 N.W. 19TH TERRACE	
CITY - ST - ZIP	FT. LAUDERDALE FL 33311	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	MIZELL, ISADORE	
STREET ADDRESS	1716 FRANKLIN ST. N.E.	
CITY - ST - ZIP	WASHINGTON DC 20018	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PAPPY, ETHEL	
STREET ADDRESS	478 EVANSTON CIRCLE	
CITY - ST - ZIP	FT. LAUDERDALE FL 33312	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Mosby, Gwen	
1.3 STREET ADDRESS	618 Blake, S.E.	
1.4 CITY - ST - ZIP	Atlanta, GA. 30316	
2.1 TITLE	VD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Mizell, Taft	
2.3 STREET ADDRESS	140 Burbank Dr. N.W.	
2.4 CITY - ST - ZIP	Atlanta, GA. 30314	
3.1 TITLE	SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Bryant, Guilda M.	
3.3 STREET ADDRESS	812 N.W. 19th Terrace	
3.4 CITY - ST - ZIP	Ft. Lauderdale, FL. 33311	
4.1 TITLE	TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Mizell, Isadore	
4.3 STREET ADDRESS	1716 Franklin St. N.E.	
4.4 CITY - ST - ZIP	Washington DC 20018	
5.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Pappy, Ethel	
5.3 STREET ADDRESS	478 Evanston Circle	
5.4 CITY - ST - ZIP	Ft. 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		

sp 2/13/97

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 190.07(9)(A), 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* *JM Bryant* 1/28/97 (954) 763-442.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #

CR2E034 (9/96)