

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
 AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

Amended

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
 Secretary of State
 DIVISION OF CORPORATIONS

208858

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

96 OCT 28 AM 11:33

DOCUMENT #

1. Corporation Name
 The Mindore Holding Corporation

Principal Place of Business Mailing Address

500002000305--4

-11/08/96--01047--001

*****61.25 *****61.25

3. Date Incorporated or Qualified 1958
 3a. Date of Last Report

2. Principal Place of Business
 21 Mizell Library
 Suite, Apt. #, etc.
 22 1409 N.W. 6th Street
 City & State
 23 Ft. Lauderdale, Fl.
 Zip
 24 33311
 County
 25 Broward
 26 812 N.W. 19th Terrace
 Suite, Apt. #, etc.
 27
 City & State
 28 Ft. Lauderdale, Fl.
 Zip
 29 33311
 Country
 30 Broward

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
 81 Name Guilda M. Bryant
 82 Street Address (P.O. Box Number is Not Acceptable) 812 N.W. 19th Terrace
 83
 84 City Ft. Lauderdale, FL 85 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 Gm. Bryant 10/14/96
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent Signature required when registering) DATE

12. OFFICERS AND DIRECTORS
 TITLE P/D [X] DELETE
 NAME Ethel Pappy
 STREET ADDRESS 478 Evanston Circle
 CITY-ST-ZIP Ft. Lauderdale, Fl. 33312
 TITLE V/D [X] DELETE
 NAME Jackie Andrews
 STREET ADDRESS 205 W. 7th Ave.
 CITY-ST-ZIP Dania, Fl.
 TITLE S/D [X] DELETE
 NAME Earl Mizell
 STREET ADDRESS 15700 N.W. 18th Ave.
 CITY-ST-ZIP Opa Locka, Fl.
 TITLE T/D [X] DELETE
 NAME Bernice Peck
 STREET ADDRESS 6 S.W. 7th Ave.
 CITY-ST-ZIP Dania, Fl.
 TITLE D [X] DELETE
 NAME Evelyn Hampton Edison
 STREET ADDRESS 10 S.W. 7th Ave.
 CITY-ST-ZIP Dania, Fl.
 TITLE [] DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
 1.1 TITLE P/D [] Change [X] Addition
 1.2 NAME Gwen Mosby
 1.3 STREET ADDRESS 618 Blake Ave. S.E.
 1.4 CITY-ST-ZIP Atlanta, GA. 30316
 2.1 TITLE V/D [] Change [X] 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 S/D [] Change [X] Addition
 3.2 NAME Guilda M. Bryant
 3.3 STREET ADDRESS 812 N.W. 19th Terrace
 3.4 CITY-ST-ZIP Ft. Lauderdale, Fl. 33311
 4.1 TITLE T/D [] Change [X] Addition
 4.2 NAME Isadora Mizell
 4.3 STREET ADDRESS 1716 Franklin St. N.E.
 4.4 CITY-ST-ZIP Washington, D.C. 20018
 5.1 TITLE D [X] Change [] Addition
 5.2 NAME Ethel Pappy
 5.3 STREET ADDRESS 478 Evanston Circle
 5.4 CITY-ST-ZIP Ft. Lauderdale, Fl. 33312
 6.1 TITLE [] Change [] 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 617, 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 Gm. Bryant 10/14/96 (954) 763-4429
 Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (3/96)