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

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 3
1. Corporation Name
THE MOUTONIA CORP

(8)

**FILED** Apr 17 1998 8:00am Secretary of State

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Principal Place of Business Mailing Address												E EMBLOR CHICLE COMEN COLOR (MICH. MICH. MICH. MICH. MICH. MICH.	ii didii Bidi			
1810 SHERMAN ST. 1810 SHERMAN ST.																
HOLLYWOOD FL 33020 HOLLYWOOD FL 33020																
											DO NOT WRITE IN THIS SPACE					
											3.	Date Incorporated or Qualified 03/26/1971				
2. Principal F	Place of Busi	ness		L	24.	Mailing Address						FEI Number		Ap	olied For	
21				2	26							NOT APPLICABLE		No	Applicable	
Suite, Apt. #, etc.					Suite, Apt. #, etc.						5.	Certificate of Status Desired			dditional	
22					27										quired	
City & State					City & State						6.	Election Campaign Financing			May Be	
<b>Z</b> ip	Zip Country			2	28							Trust Fund Contribution		_	Fees	
<b>⊢</b>	·		Country	<u>⊢</u> '		Zip	_	Country			8.	This corporation owes or has paid the cui			. •	
24			26 and Address of Current I		29		30	30			40		Yes	<u> </u>	No	
Tr			V401644 () (	Joneth Ne	negistereo Agent				81 Name			Name and Address of New Registered	Agent			
TOLZ,MARIKA 1229 POLK ST.							*	'*	2010							
			22000						Ste	reet Addres	ss (P.O. Box Number is Not Acceptable)					
HOLLYWOOD FL 33020																
								83	ŀ							
									Čit	ly				85 Zip Code		
4.4 Durayant	to the provin	loon	of Continue Co	7.0500	4 00	7 4500 51-13-01-1		ᆜ	L			FL	بلب			
office or o	registered ag	gent,	or both, in the	State of F	a bu Iorid	a Such change was	ies, tne authoriz	above ed by	e∙nar ⁄ the	mea corpor corporation	atior i's b	n submits this statement for the purpose of coard of directors. I hereby accept the app	i changir xxintmen:	ngits Ias r	registered egistered	
agent. La	ım familiar w	ith, a	nd accept the	obligation	s of,	Section 607.0505, FI	orida Si	atutes	<b>S</b> .			and an action of the coopy and app	0415110111		DB//3/0/00	
SIGNATURE																
12.	Signature, typed	o per	ted name of regist	RS AND DI					nt sign	nature required						
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NAME	TOLZ, I	MARI	KA			C Occert							LI CHAIL	yc	AUGILION	
	STREET ADDRESS 1229 POL							1.2 NAME 1.3 STREET ADDRESS								
ł	CITY-ST-ZIP HOLLYW									122						
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NAME	TOLZ (	MAR	KA)					NAME					LI Crian	Яa	E	
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CITY-ST-ZIP	HOLLY							STREET								
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NAME	TOLZ, I	MARI	KA			Deceme		NAME					Chan	Ac	Addition	
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CITY+ST-ZIP	HOLLY		-				4			1						
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STREET ADDRESS								name Street	ADDO	ree						
CITY - ST - ZIP										100						
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NAME								NAME					LLI OHAII	Ac		
STREET ADORESS									*Doo							
CITY-ST-ZIP								STREET		133						
TITLE						DELETE	_	CITY-ST TITLE	ı-ZIP	<del></del>			Chang	70	Addition	
NAME						La pecere								Ac	Addition	
STREET ADDRESS								NAME								
							1	STREET		ESS						
14   hereby c	ertify that the	a info	rmation supp	liad with th	ie Citi	na dose not qualify fo		CITY-ST		tated in Sa	otion	n 110 07/3Vi) Florida Statutos I further co		Al 1		

indicated on this annual report or supplied with this tiling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this annual report or supplemental ennual report is true and accorded 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 of trustee impowered to execute his report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or an attachment with an address.