

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

05 MAY - 1 11 4:00

DOCUMENT # **H05909** (7)

1. Corporation Name:
MR. OLIVER, INC.

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business: **9514 S DIXIE HWY MIAMI FL 33156**
Mailing Address: **9514 S DIXIE HWY MIAMI FL 33156**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 05/30/1984	3a. Date of Last Report 03/08/1994
4. FEI Number 59-2389042	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under § 192.032 Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. County	29. County
25. County	30. County

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
SACHS, HARLAN 9514 S. DIXIE HWY. MIAMI FL 33156				B1. Name	
				B2. Street Address (P.O. Box Number, Not Acceptable)	
				B3. City	
				B4. State	FL
				B5. Zip Code	

11. Pursuant to the provisions of Sections 607.0602 and 607.1508, Florida Statutes, the above named corporation submits the 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. Thereby, accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0602, Florida Statutes.

SIGNATURE _____

12. OFFICERS AND DIRECTORS		13. ALTERNATE, CHANGE OF OFFICE, FEE AND INTERESTS	
12.1. NAME	PD SACHS, HARLAN	13.1. NAME	
12.2. STREET ADDRESS	9514 SO. DIXIE HWY.	13.2. STREET ADDRESS	
12.3. CITY	MIAMI FL	13.3. CITY	
12.4. STATE		13.4. STATE	
12.5. ZIP		13.5. ZIP	
12.6. COUNTY		13.6. COUNTY	
12.7. TITLE		13.7. TITLE	
12.8. NAME		13.8. NAME	
12.9. STREET ADDRESS		13.9. STREET ADDRESS	
12.10. CITY		13.10. CITY	
12.11. STATE		13.11. STATE	
12.12. ZIP		13.12. ZIP	
12.13. COUNTY		13.13. COUNTY	
12.14. TITLE		13.14. TITLE	
12.15. NAME		13.15. NAME	
12.16. STREET ADDRESS		13.16. STREET ADDRESS	
12.17. CITY		13.17. CITY	
12.18. STATE		13.18. STATE	
12.19. ZIP		13.19. ZIP	
12.20. COUNTY		13.20. COUNTY	
12.21. TITLE		13.21. TITLE	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and true, and equally for the corporation stated in Sections 607.0602 and 607.1508, Florida Statutes. I further certify that the information included in 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 member or trustee empowered to make this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on an attachment with an address.

SIGNATURE: *Harlan Sachs* Pres **5/1/95**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR