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Apr 16 1997 8:00am  
Secretary of State

PROFIT CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P95000078127 (4)

1. Corporation Name  
MIMI'S THINGS TOO, INC.

Principal Place of Business  
24 LA VISTA DR.  
PONTE VEDRA BEACH FL 32082

Mailing Address  
24 LA VISTA DR.  
PONTE VEDRA BEACH FL 32082-2305



3. Date Incorporated or Qualified 10/01/1995  
3a. Date of Last Report 06/19/1996

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 Country 29 Zip Country 30

9. Name and Address of Current Registered Agent

HUGHES, PATRICIA L  
24 LA VISTA DR.  
PONTE VEDRA BEACH FL 32082

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City FL 85 Zip Code

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 *Patricia Hughes* DATE 4-10-97

12. OFFICERS AND DIRECTORS

| TITLE | NAME               | STREET ADDRESS  | CITY - ST - ZIP            | DELETE                   |
|-------|--------------------|-----------------|----------------------------|--------------------------|
| D     | HUGHES, PATRICIA L | 24 LA VISTA DR. | PONTE VEDRA BEACH FL 32082 | <input type="checkbox"/> |
|       |                    |                 |                            | <input type="checkbox"/> |
|       |                    |                 |                            | <input type="checkbox"/> |
|       |                    |                 |                            | <input type="checkbox"/> |
|       |                    |                 |                            | <input type="checkbox"/> |
|       |                    |                 |                            | <input type="checkbox"/> |
|       |                    |                 |                            | <input type="checkbox"/> |
|       |                    |                 |                            | <input type="checkbox"/> |
|       |                    |                 |                            | <input type="checkbox"/> |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| 1.1 TITLE | 1.2 NAME | 1.3 STREET ADDRESS | 1.4 CITY - ST - ZIP | 2.1 TITLE | 2.2 NAME | 2.3 STREET ADDRESS | 2.4 CITY - ST - ZIP | 3.1 TITLE | 3.2 NAME | 3.3 STREET ADDRESS | 3.4 CITY - ST - ZIP | 4.1 TITLE | 4.2 NAME | 4.3 STREET ADDRESS | 4.4 CITY - ST - ZIP | 5.1 TITLE | 5.2 NAME | 5.3 STREET ADDRESS | 5.4 CITY - ST - ZIP | 6.1 TITLE | 6.2 NAME | 6.3 STREET ADDRESS | 6.4 CITY - ST - ZIP | Change                   | Addition                 |
|-----------|----------|--------------------|---------------------|-----------|----------|--------------------|---------------------|-----------|----------|--------------------|---------------------|-----------|----------|--------------------|---------------------|-----------|----------|--------------------|---------------------|-----------|----------|--------------------|---------------------|--------------------------|--------------------------|
|           |          |                    |                     |           |          |                    |                     |           |          |                    |                     |           |          |                    |                     |           |          |                    |                     |           |          |                    |                     | <input type="checkbox"/> | <input type="checkbox"/> |
|           |          |                    |                     |           |          |                    |                     |           |          |                    |                     |           |          |                    |                     |           |          |                    |                     |           |          |                    |                     | <input type="checkbox"/> | <input type="checkbox"/> |
|           |          |                    |                     |           |          |                    |                     |           |          |                    |                     |           |          |                    |                     |           |          |                    |                     |           |          |                    |                     | <input type="checkbox"/> | <input type="checkbox"/> |
|           |          |                    |                     |           |          |                    |                     |           |          |                    |                     |           |          |                    |                     |           |          |                    |                     |           |          |                    |                     | <input type="checkbox"/> | <input type="checkbox"/> |
|           |          |                    |                     |           |          |                    |                     |           |          |                    |                     |           |          |                    |                     |           |          |                    |                     |           |          |                    |                     | <input type="checkbox"/> | <input type="checkbox"/> |
|           |          |                    |                     |           |          |                    |                     |           |          |                    |                     |           |          |                    |                     |           |          |                    |                     |           |          |                    |                     | <input type="checkbox"/> | <input type="checkbox"/> |
|           |          |                    |                     |           |          |                    |                     |           |          |                    |                     |           |          |                    |                     |           |          |                    |                     |           |          |                    |                     | <input type="checkbox"/> | <input type="checkbox"/> |
|           |          |                    |                     |           |          |                    |                     |           |          |                    |                     |           |          |                    |                     |           |          |                    |                     |           |          |                    |                     | <input type="checkbox"/> | <input type="checkbox"/> |
|           |          |                    |                     |           |          |                    |                     |           |          |                    |                     |           |          |                    |                     |           |          |                    |                     |           |          |                    |                     | <input type="checkbox"/> | <input type="checkbox"/> |
|           |          |                    |                     |           |          |                    |                     |           |          |                    |                     |           |          |                    |                     |           |          |                    |                     |           |          |                    |                     | <input type="checkbox"/> | <input type="checkbox"/> |

14. I do hereby certify that the information supplied with this filing 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 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: *Patricia Hughes* DATE 4-10-97 DAYTIME PHONE # 904-241-8078

CR2E034 (9/96)