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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # P95000036010 1. Corporation Name

Country

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MICO BUILDIO INC

Suite, Apt. #, etc.

City & State

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MISS JULIE'S, INC.				
Principal Place of Business	Mailing Address			
364 LAMANCHA AVE. ROYAL PALM BEACH FL 33411	364 LAMANCHA AVE. ROYAL PALM BEACH FL 33411			
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2. Principal Place of Business	2a. Mailing Address			

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Suite, Apt. #, etc.

City & State

## FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90223 021 \*\*\*150.00



DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualifed 05/03/1995

Applied For Not Applicable

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

☐ Yes

□No

4. FEI Number

65-0581273

5. Certificate of Status Desired

6. Election Campaign Financing Trust Fund Contribution

Personal Property Tax.

8. This corporation owes the current year Intangible

	9. Name and Address of Current Registered Agent			IV. Name and Address of New Registered F	Agent			4	
		81	Name						
	FLOYD, JULIA C 364 LAMANCHA AVE.			82 Street Address (P.O. Box Number is Not Acceptable)					
ROY.	AL PALM BEACH FL 33411	83	<u> </u>					1	
		84	City		85	Zip Co	de	$\dashv$	
	•		'	<u> </u>		<u> </u>			
office or r	to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the egistered agent, or both, in the State of Florida. Such change was authorn familiar with, and accept the obligations of, Section 607.0505, Florida	rized by	the corpo	corporation submits this statement for the purpose of coration's board of directors. I hereby accept the appoint	changing ntment a	j its re s regis	gistered stered	-	
SIGNATURE				required when reinstation) DATE				ļ	
12,	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Section 2015)  OFFICERS AND DIRECTORS	13.	it signature r	equired when reinstating) DATE  ADDITIONS/CHANGES TO OFFICERS ANI	D DIRE	CTOR:	S IN 12	┨	
TITLE		1.1 TITLE		ABBITION OF THE TOTAL OF THE TO	Char		Addition	1	
NAME	שרים	1.2 NAME			_	-	_		
STREET ADDRESS	364 LAMANCHA AVE.		TADDRESS					1	
CITY-ST-ZIP	ROYAL PALM BEACH FL 33411	1.4 CITY-S							
TITLE		2.1 TITLE	1-247		Char	nge	☐ Addition	1	
NAME		2.2 NAME	1						
STREET ADDRESS		2.3 STREET	ADDRESS					}	
CITY-ST-ZIP		2, 4 CITY-5	ST-ZIP						
TITLE		3.1 TITLE	·		Chai	nge	☐ Addition	ī	
NAME		3.2 NAME						1	
STREET ADDRESS		3.3 STREET	T ADDRESS					ì	
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CITY-ST-ZIP		4.4 CITY-S	T-ZIP					_]	
TITLE	<u> </u>	5.1 TITLE		·	☐ Chai	nge	☐ Addition	1	
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STREET ADDRESS			TADORESS					1	
CITY-ST-ZIP		5.4 CITY-S	T-ZIP				f Address	4	
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NAME	· ·	6.2 NAME						1	
STREET ADDRESS			TADDRESS					ļ	
CITY-ST-ZIP		6.4 CITY-S		1 0 - 5 440 07/03/0 Fladd Cather 1 5 - 5	tik, thet	tha inf	osmotion	┙	
14. I hereby of indicated	pertify that the information supplied with this filing does not qualify for the on this annual report or supplemental annual report is true and accurate	exempt and tha	ion stated t my sign	I in Section 119.07(3)(I), Florida Statutes. I further cert lature shall have the same legal effect as if made unde	ing that the property of the second in the s	hat I a	m an		

Country

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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, with all other like empowered.

SIGNATURE:

(561) 793-6234