PROFIT CORPORATION ANNUAL REPORT

1999

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

TITLE

NAME

TITLE

NAME

DOCUMENT # 149736



FLORIDA DEFARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90173 025 ***150.00

1. Corporation Name S. MIZRAHI SONS, INC.	5					
Principal Flace of Business	Mailing Address	_			IA BARAH BARAH BARAH BAR	ITA BEDIA BEDIA FOOT
3520-4 BLANDING BLVD JACKSONVILLE FL 32210 US	3520-4 BLANDING BLVD JACKSONVILLE FL 32210 US			DO NOT WRITE II	N THIS SPACE	
				3. Date Incorporated or Qualifed 01/01/1947		
2. Principal Place of Business	2a. Mailing Address			4. FEI Number		Applied For
	26			59-0562050		No Applicable
Suite, £pt. #, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	*	5 Additional Required
City & Sitate	City & State	<u> </u>		6. Electic n Campaign Financing Trust Fund Contribution		00 Vlay Be
Zip Country	28 Zip	Country		- 		50 (1) 1 003
24 25	├ - `	30		This corporation owes the current y Personal Property Tax.	year intangible ☐ Yes	□No
9 Name and Address of Cur		30		10. Name and Address of New Regis		= -
GLASSMAN, ESQ, BRUCE R 2955 HARTLEY ROAD SUITE 103 JACKSONVILLE FL 32257		82	Street Acids	cck D. Mizrahi ess (P.O. Box Number is Not Acceptable) 962 (Lidgefield)	Drive	
				icksonville	FL 85 3	ip Code 2257
11. Pursuant to the provisions of Sections 607.0 office or registered agent, or both, in the Stagent. I am familiar with, and accept the obl	ligations of, Section 607.0505, Flor	ida Statules. Zahi, (res.	4	oose of changing e apt ointment as	its registered registered
Signature, typed or printed na ne of legistered	agent and title if applicable. (NOT E: AND DIRECTORS	Registered Agent s	ignature required	d when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE	TOUCHN 12
TITLE P OFFICERS	DELETE	13.		ADDITIONS/CHANGES TO OFFICE	Change	
	_ occere	1.2 NAME				,. <u> </u>
NAME MIZRAHI, JACK STREET ADDRESS 9962 RIDGE FIELD DRIVE		1.3 STREET AL	nnoess			
MOMODANIA E EL		1.4 CITY-ST-2	<u> </u>			
CITY-ST-ZIP JACKSONVILLE FL.	DELETE	2.1 TITLE			☐ Chang	ge Addition
NAME MIZRAHI, JOSEPH M.		2.2 NAME	ļ			_
STREET ADDRE 3S 9950 COVE VIEW DR E		2.3 STREET AL	DDRESS			
CITY-ST-ZIP JAX, FL 00000		2.4 CITY-ST-				
TITLE S	☐ DELETE	3.1 TITLE			☐ Chang	ge Addition
NAME MIZRAHI, NANCY		3.2 NAME	1			
STREET ADDRESS 9962 RIDGEFIELD DR		3.3 STREET AL	DDRESS			
CITY-ST-ZIP JACKSONVILLE FL 32257		34 CITY-ST-	ı			
TITLE	☐ DELETE	4.1 TITLE			☐ Chan	ge Addition
NAME		4.2 NAME				
STREET ADDRESS		4.3 STREET AL	DDRESS			

6.4 CITY-ST-ZIP CITY-ST-ZIP 14. I 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 a mual 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, with all other like empowered.

4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

62 NAME

☐ DELETE

☐ DELETE

alu Nancy A. Mizrahi SIGNATURE:

904-779-1001

__ Change

Change

Addition

Addition