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

PROFIT
CORPORATION
ANNUAL REPORT
1996

DOCUMENT #
1. Corporation Name
MR. MUGS, INC.



FLORIDA DEPARTMENT OF STATE Sandra B. Morthani Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

22. Principal Place of Business 25. Principal Place of Business 26. Suite, Apt. #, etc. 27. Suite, Apt. #, etc. 27. City & State City & State City & State City & State 28. Country 29. Country 29. Name and Address of Current Registered Agent KERN, JEFFERY A. 11077 BISCAYNE BLVD.,4TH FL. MIAMI FL 33161 Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee 6. Election Campaign Financing Trust Fund Contribution Adde Trust Fund Contribution Adde String Country 8. This corporation has lability for intangible tax under selected Agent Name **Street Address (P.O. Box Number is Not Acceptable)** **Street Address (P.O. Box Number is Not	
Principal Place of Business Mailing Address 1002 NW 3RD STREET 1002 NW 3RD STREET 1002 NW 3RD STREET 1002 NW 3RD STREET 1001 NW 3RD STREET 1002 NW 3RD STREET 1	JI DIBA DIBA IADI
1052 NW 3RD STREET HALLANDALE FL 30009 US 1052 NW 3RD STREET HALLANDALE FL 10	
US US 3. Date recognorated for Octobled: 10/14/1975 36. Date of as E 10/14/1975 10/14/1975	
2. Principal Piace of Business 2a. Mailing Address 25. Sure 59-1631211	-
Suite, Apt. #, etc. 27 28 29 29 20 27 20 28 30 27 20 Country 20 29 30 30 30 30 30 30 30 30 30 30 30 30 30	Applied For Not Applicable
City & State City & State City & State City & State Country Zep Country Zep Country Zep Country Zep	Additional
28	0 May Be
Section Sect	d to Fees 199.032,
KERN, JEFFERY A. 11077 BISCAYNE BLVD.,4TH FL. MIAMI FL 33161 83 84 City FL 85 Street Address (P*O. Exis Number is Not Acceptable). 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 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 familiar with, and accept the obligations of, Section 607,0505, Florida Statutes. SIGNATURE Signature spool or prefet having or registered agent and filth all spikelik PROF. Register accept the appointment as registered familiar with an accept the obligations of registered agent and filth all spikelik PROF. Register accept the appointment for the purpose of changing its an accept the appointment as registered familiar with an accept the obligations of registered agent and familiar by the corporation's board of directors. Thereby accept the appointment as registered familiar with an accept the obligations of registered agent and familiar by the corporation's board of directors. Thereby accept the appointment as registered familiar with a purpose of prefet familiar with a purpose of changing its an accept the appointment as registered familiar with a purpose of changing its analysis of control of the corporation's board of directors. Thereby accept the appointment as registered familiar with a purpose of changing its analysis of control of the purpose of changing its analysis of control of the purpose of changing its analysis of control of the purpose of changing its analysis of control of the purpose of changing its analysis of control of the purpose of changing its analysis of control of the purpose of changing its analysis of control of the purpose of changing its analysis of control of the purpose of changing its analysis of control of the purpose of changing its analysis of control of the purpose of changing its analysis of control of the p	
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 or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I horeby accept the appointment as registered agent and the obligations of, Section 607,0505, Florida Statutes. SIGNATURE Styrature Typed or pretect name of registered agent and title if anytoack PICITE Type Typed or pretect name of registered agent and title if anytoack PICITE Type Typed or pretect name of registered agent and title if anytoack PICITE Type Typed or pretect name of registered agent and title if anytoack PICITE Type Typed or pretect name of registered agent and title if anytoack PICITE Type Typed or pretect name of registered agent and title if anytoack PICITE Type Typed or pretect name of registered agent and title if anytoack PICITE Type Typed or pretect name of registered agent and title if anytoack PICITE Type Typed or pretect name of registered agent and title if anytoack PICITE Type Typed or pretect name of registered agent and title if anytoack PICITE Type Typed or pretect name of registered agent and title if anytoack PICITE Type Typed or pretect name of registered agent and title if anytoack PICITE Type Typed Typed or pretect name of registered agent and title anytoack PICITE Typed Typed Or pretect name of registered agent and title anytoack PICITE Typed Typed Typed Or pretect name of registered agent and title accordance or pretect name of registered agent and title accordance or pretect name of registered agent and title accordance or pretect name of registered agent and title accordance or pretect name of registered agent and title accordance or pretect name of registered agent and title accordance or pretect name of registered agent and title accordance or pretect name of registered agent and title accordance or pretect name of registered agent and title accordance or pretect name o	
110.77 BISCAYNE BLVD.,4TH FL. MIAMI FL 33161 83 64 City FL 85 Zi 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 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 tamillar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature hood or protect name of registered agent and title it applicable. PACIF To grow and Agent depart in required and an applicable protection. Thereby accept the appointment as registered agent and the item applicable protection. Thereby accept the appointment as registered tamillar with a protection. Thereby accept the appointment as registered agent and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature hood or protect name of registered agent and title it applicable. DELETE 1.1 THIF CASS, ARTHUR 12 LIMBE 1.3 SIREL ADDRESS 1.3	
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 or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I horeby accept the appointment as registered agent accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature bytod or preted name of registered agent and title # applicable. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 14. LIPUTE CHANGE STREET ADDRESS 1019-15-12/P HALLANDALE FL DELETE V DELETE 2 1 TITLE P CHANGE CITY-51-2/P HALLANDALE FL DELETE ALLANDALE FL ALLANDAL	
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 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 th, and accept the obligations of, Section 607,0505, Florida Statutes. SIGNATURE Signature based or protect name of registered agent and life if syst-active. Signature based or protect name of registered agent and life if syst-active. Signature based or protect name of registered agent and life if syst-active. Signature based or protect name of registered agent and life if syst-active. Signature based or protect name of registered agent and life if syst-active. Signature based agent are to be corporation's board of directors. I horizontal protection's board of directors. I horizontal pr	p Code
SIGNATURE Signature typodd or protect name of registrated agent and life of apythodisk PICE Signature typodd or protect name of registrated agent and life of apythodisk DELETE 1.1 THE C	registered offic
TITLE	
1052 NW 3RD STREET	Addition
DELETE SD	
NAME KASS, DOROTHY 2 2 NAME 2 3 STREET ADDRESS 1052 NW 3RD STREET 24 CITY - ST - ZIP HALLANDALE FL DELETE 3 1 TITLE Change Change CITY - ST - ZIP Change Change CITY - ST - ZIP Change Ch	Addition
STREET ADDRESS 1052 NW 3RD STREET	
DELETE STITLE Change Change	
NAME	Addition
STREET ADDRESS 1052 NW 3RD STREET 3.3. STHEET ADDRESS 3.4. CITY - ST - ZIP	
TITLE V DELETE 4 1 TiTLE Orldrige NAME KASS, MINDY 42 NAME STREET ADDRESS 1052 NW 3RD STREET 43 STREET ADDRESS CITY-ST-ZIP HALLANDALE FL 44 CITY-ST-ZIP TITLE DELETE 5 1 TITLE	
TITLE V NAME KASS, MINDY STREET ADDRESS 1052 NW 3RD STREET CITY-ST-ZIP HALLANDALE FL 44 CITY-S1-ZIP TITLE DELETE 5 1 TITLE	Addition
STREET ADDRESS 1052 NW 3RD STREET CITY-ST-ZIP TITLE 143 STREET ADDRESS 43 STREET ADDRESS 44 CITY-ST-ZIP Change	
CITY-ST-ZIP HALLANDALE FL 44 CITY-ST-ZIP TITLE DELETE 5 1 TITLE Change	
TITLE DELETE 5 1 TITLE Unange	
MANA€	☐ Addition
NANE	
STREET ADDRESS 5.3 STREET ADDRES	
CITY-ST-ZIP	CollibbA [
SANAME	
NAME STREET ADDRESS 63 STREET ACCURESS	
6.4 CITY-ST-ZIP 6.5 CITY-ST-ZIP 6.5 CITY-ST-ZIP 6.7 CITY-ST-ZIP 6.7 CITY-ST-ZIP 6.8 CITY-ST-ZIP 6.9 CI	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes. Furnier 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: _

SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

16/96 954-456-745