

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 645681

1. Corporation Name

MICKEE'S OF PALM BEACH INC.

Principal Place of Business

332 MIRACLE MILE
CORAL GABLES FL 33134
US

Mailing Address

332 MIRACLE MILE
CORAL GABLES FL 33134
US

FILED
Jul 28, 1999 8:00 am
Secretary of State

07-28-1999 90008 013 ***150.00

* 587275 - 90008 - 13



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/19/1979

4. FEI Number

59-1953118

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year
Intangible Personal Property. ☐ Yes ☐ No

2. Principal Place of Business

21 1420 WOOD ROW WAY

Suite, Apt. #, etc.

22

City & State

23 Wellington, FL

Zip

24 33414

Country

25 USA

2a. Mailing Address

26 1420 WOOD ROW WAY

Suite, Apt. #, etc.

27

City & State

28 Wellington, FL

Zip

29 33414

Country

30 USA

9. Name and Address of Current Registered Agent

DUCRET, HAZEL M
332 MIRACLE MILE
CORAL GABLES FL 33134

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE

NAME **DUCRET, HAZEL M**
STREET ADDRESS **332 MIRACLE MILE**
CITY-ST-ZIP **CORAL GABLES FL**

TITLE **ST** ☐ DELETE

NAME **DUCRET, CHRISTIAN**
STREET ADDRESS **332 MIRACLE MILE**
CITY-ST-ZIP **CORAL GABLES FL**

TITLE ☐ DELETE

NAME ☐ DELETE
STREET ADDRESS ☐ DELETE
CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE
STREET ADDRESS ☐ DELETE
CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE
STREET ADDRESS ☐ DELETE
CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE
STREET ADDRESS ☐ DELETE
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1420 WOOD ROW WAY
Wellington, FL 33414

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

1420 WOOD ROW WAY
Wellington, FL 33414

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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 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]

7-19-99 541-745-8884

CR2E034 (5/99)

597275-90008-13
645681

MICKEE'S OF PALM BEACH, INC.

July 6, 1999

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Certification of Administrative Dissolution or Revocation
Mickee's of Palm Beach, Inc.
FEI 59-1953118
Document# 645681

Dear Sirs:

I am requesting a waiver of the reinstatement fee for the corporation referenced above. The original notice to file a Corporation Annual Report was never received by my office due to a change of address. Enclosed, please find a check for \$150 for the original filing fee.

Please acknowledge and keep for your records the new address listed below.

**Mickee's of Palm Beach, Inc.
1420 Wood Row Way
Wellington, FL 33414**

If you have any questions or need more information concerning this matter, please do not hesitate to contact me directly at (561) 795-8884.

Very truly yours;

HAZEL DUCRET
President

1420 Wood Row Way, Wellington, FL 33414
561-795-8884