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

PROFIT
CORPORATION
ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 665383

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MARGIE'S HOUSE, INC.

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**FILED** 

May 05 1998 8:00am

Secretary of State

Principal Place of Business Mailing Address 14150 N.W. SIXTH COURT 14150 N.W. SIXTH COURT C/O THOMAS DEAN PRESNELL C/O THOMAS DEAN PRESNELL DO NOT WRITE IN THIS SPACE MIAMI FL 33168-6805 MIAMI FL 33168-6805 3. Date Incorporated or Qualified <u>04/01/198</u>0 2. Principal Place of Business 2a. Mailing Address Applied For Not Applicable 59-1991869 26 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 28 Zip Country ZID Country This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name PRESNELL, THOMAS DEAN 14150 N.W. SIXTH COURT Street Address (P.O. Box Number is Not Acceptable) MIAMI FL 83 Zip Code City 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 approable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change \_\_\_ Addition DELETE 1.1 1111.6 TITLE PRESNELL, THOMAS DEAN 1.2 NAME 12205 N.W. SECOND AVE. 1.3 STREET ADDRESS STREET ADDRESS <u>n mi</u>ami fl 1.4 CiTY-ST-ZiP CITY-ST-ZIP Change Addition DELETE 21 1HLE TITLE VSD **ALLENSWORTH, MARGIE** 2.2 NAME NAME 130 NW 123 ST 2.3 STREET ADDRESS STREET ADDRESS N MIAMI FL CITY-ST-ZIP 2.4 CITY-ST-7IP DELETE Change Addition 3.1 TITLE TITLE TD PRESNELL, HONORA 3.2 NAME NAME 12205 NW 2ND AVE 3.3 STREET ADDRESS STREET ADDRESS N MIAMI FL 3.4. CITY-ST-ZIP CITY+ST-ZIP Change Addition DELETE 4.1 TITLE TITLE PRESNELL, TERRY L 4. 2 NAME NAME 130 NW 123 ST 4.3 STREET ADDRESS STREET ADDRESS N MIAMI FL 4.4 CITY - ST - ZIP CITY-ST-ZIP ☐ Addition Change DELETE TITLE 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS CITY-ST-7IP

14. Thereby 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 tin an attachment with an address.

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