FILED

☐ Change

09/10/01

☐ Addition

 $_{p,q}([n]$

DOCUMENT # 668105 1. Entity Name MISSIE ANN, INC.)	/ (OBR)	Sec	3, 2001 8 retary of 3-2001 90014 046 *	State	m
Principal Place of Business 6000-M-W. 77TH COURT MAMI-FL-33166	Mailing Address 17350 S.W. 46 STREET FORT LAUDERDALE FL 3333 US	31				
2. Principal Place of Business 17350 Sw 46 Street Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.			O NOT WRITE IN THIS SI		
Southwest Ranches, 71	Southwast b		4. FEI Number 59	-2009508	Not A	ed For pplicable
Zip 3333/ Country USA 6. Name and Address of Current R	^{zip} 3333/	Country A	5. Certificate of State		8.75 Addition	nal
17350 S.W. 46 STREET FORT LAUDERDALE FL 33331 8. The above named entity submits this statement for the statement of the statement for the	d title if applicable. (NOTE: FILE NOW!!!	Registered Agent signature requir	d when reinstating)	e State of Florida. DATE	Zin Code 3333	3/
Tax filing requirement and elects to do so. (See criteria on back)		2001 Fee will be \$756 to Department of St	.00 Trust Fund	Contribution.	Added to	Fees
TITLE NAME DOLLAR, JOHN T. STREET ADDRESS CITY-ST-ZIP MIAMI FL 33166	□ Delete	112. TITLE NAME STREET ADDRESS CITY-ST-ZIP	additions/changes 350 S.W Uthwest Ray	46 Street		Addition
TITLE V NAME DEMARIA, JOSEPH A STREET ADDRESS CITY-ST-ZIP MIAMI FL 33166	Delete	TITLE NAME STREET ADDRESS CITY-ST-2IP	ionus i i i i			Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP MIAMI FL 33166 ST SHANNON-DOLLAR, TAMARA 6000 N.W. 77TH COURT MIAMI FL 33166	. □ Delētē `~ ¨	NAME STREET ADDRESS CITY-ST-ZIP Sou	50 SW 46 thwest Ran	•	333 /	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Addition
TITLE NAME STREET ADDRESS	☐ Delete	TITLE NAME STREET ADDRESS			Change [Addition

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

TITLE

NAME

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

Delete

SIGNATURE: JOHNSTAD WARRESTER

CITY-ST-ZIP

STREET AODRESS

CITY-ST-ZIP

TITLE

NAME