

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Murphree
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 MAY -1 11 5:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **685542** (3)

1. Corporation Name
YOUR FATHER'S MOUSTACHE, INC.

Principal Place of Business: **7232 SW 59 AVE SO. MIAMI FL 33143**
Mailing Address: **7232 SW 59 AVE SO. MIAMI FL 33143**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **08/27/1980**
3a. Date of Last Report: **08/12/1994**
4. FEI Number: **59-2051892**
Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing: **\$5.00 May Be Added to Fees**
7. This corporation has liability for alternate fee under § 190.012, Florida Statutes: Yes No

2. Principal Place of Business: **21**
2a. Mailing Address: **26**
State: Apt # etc: **22** State: Apt # etc: **27**
City & State: **23** City & State: **28**
Zip: **24** Zip: **29** Zip: **30**

9. Name and Address of Current Registered Agent
**MILLER, SALLY L
7232 SW 59TH AVE
MIAMI FL 33143**

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 607.05432 and 607.1504, 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 607.0543, Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN _____

TITLE: **PST**
NAME: **MILLER, SALLY L**
STREET ADDRESS: **7232 SW 59TH AVE**
CITY, ST, ZIP: **MIAMI, FL 00000**

TITLE: **D**
NAME: **MILLER, SALLY L**
STREET ADDRESS: **7232 SW 59TH AVE**
CITY, ST, ZIP: **MIAMI, FL 00000**

1. TITLE: _____ Change Addition
2. NAME: _____
3. STREET ADDRESS: _____
4. CITY, ST, ZIP: _____

5. TITLE: _____ Change Addition
6. NAME: _____
7. STREET ADDRESS: _____
8. CITY, ST, ZIP: _____

9. TITLE: _____ Change Addition
10. NAME: _____
11. STREET ADDRESS: _____
12. CITY, ST, ZIP: _____

13. TITLE: _____ Change Addition
14. NAME: _____
15. STREET ADDRESS: _____
16. CITY, ST, ZIP: _____

14. I, the undersigned, certify that the information supplied with this filing is substantially true and correct and does not qualify for the exemption stated in Section 190.012(2)(b), Florida Statutes. I further certify that the information submitted 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 liquidator empowered to execute this report or required by Chapter 1907, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or as an attachment with an address.

SIGNATURE: *Sally L Miller*
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR

4-24-95 665-9996