FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -5 PM 3:10

DOCUMENT # 745859 (9)

1. Corporation Name
MINI MASQUERS, INCORPORATED

Principal Place of Business	Mailing Address
4241 MORELIA PLACE PENSACOLA FL 32504	4241 MORELIA PLACE PENSACOLA FL 32504 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/07/1979
3a. Date of Last Report: 04/13/1994
4. FEI Number: 59-1885522 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

BRENTNER, BOBBIE A.
4241 MORELIA PLACE
PENSACOLA FL 32504

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	TD	11 TITLE		☒ Change ☐ Addition
NAME	NOVAK, FRANK J	12 NAME		
STREET ADDRESS	4251 MORELIA PL	13 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA, FL 00000	14 CITY-ST-ZIP	PENSACOLA, FL 32504	
TITLE	SD	21 TITLE	SD	☒ Change ☐ Addition
NAME	CLARK, NANCY	22 NAME	DIANNE CROSS	
STREET ADDRESS	7119 W JACKSON ST	23 STREET ADDRESS	207 CAMELIA ST	
CITY-ST-ZIP	PENSCOLA, FL 00000	24 CITY-ST-ZIP	GULF BREEZE, FL 32561	
TITLE	VD	31 TITLE		☒ Change ☐ Addition
NAME	MARSE, CONSTANCE H	32 NAME		
STREET ADDRESS	1440 W. 9 MILE RD.	33 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA, FL 00000	34 CITY-ST-ZIP	PENSACOLA, FL 32534	
TITLE	PD	41 TITLE		☒ Change ☐ Addition
NAME	BRENTNER, BOBBIE A.	42 NAME		
STREET ADDRESS	4241 MORELIA PL	43 STREET ADDRESS		
CITY-ST-ZIP	PENSCOLA, FL 00000	44 CITY-ST-ZIP	PENSACOLA, FL 32504	
TITLE	D	51 TITLE		☒ Change ☐ Addition
NAME	FLEMING, CONNIE	52 NAME		
STREET ADDRESS	2758 CHICKERING RD	53 STREET ADDRESS	3055 PICKFORD PLACE	
CITY-ST-ZIP	PENSACOLA FL	54 CITY-ST-ZIP	PENSACOLA, FL 32504	
TITLE	D	61 TITLE	D	☒ Change ☐ Addition
NAME	HICKS, RAMONA	62 NAME	HERMAN FISCHER	
STREET ADDRESS	512 "M" ST	63 STREET ADDRESS	6521 SCENIC HIGHWAY	
CITY-ST-ZIP	PENSACOLA FL	64 CITY-ST-ZIP	PENSACOLA, FL 32534	

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)(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Frank J Novak FRANK J. NOVAK 3/31/95 (904) 478-3904
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #