

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # 745859 (9)**

1. Corporation Name

**MINI MASQUERS, INCORPORATED**

Principal Place of Business

**4241 MORELIA PLACE  
PENSACOLA FL 32504**

Mailing Address

**4241 MORELIA PLACE  
PENSACOLA FL 32504  
US**



3. Date Incorporated or Qualified  
**02/07/1979**

3a. Date of Last Report  
**04/05/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

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**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BRENTNER, BOBBIE A.  
4241 MORELIA PLACE  
PENSACOLA FL 32504**

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 617.0502 and 617.1508, 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 617.0503, 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 **TD** ☒ DELETE  
NAME **NOVAK, FRANK J**  
STREET ADDRESS **4251 MORELIA PL**  
CITY-ST-ZIP **PENSACOLA FL**

TITLE **SD** ☒ DELETE  
NAME **CROSS, DIANNE**  
STREET ADDRESS **207 CAMELLA STREET**  
CITY-ST-ZIP **GULF BREEZE FL**

TITLE **VD** ☐ DELETE  
NAME **MARSE, CONSTANCE H**  
STREET ADDRESS **1440 W. 9 MILE RD.**  
CITY-ST-ZIP **PENSACOLA, FL 00000 32534**

TITLE **PD** ☐ DELETE  
NAME **BRENTNER, BOBBIE A.**  
STREET ADDRESS **4241 MORELIA PL**  
CITY-ST-ZIP **PENSACOLA, FL 00000 32504**

TITLE **D** ☒ DELETE  
NAME **FLEMING, CONNIE**  
STREET ADDRESS **3055 PICKFORD PLACE**  
CITY-ST-ZIP **PENSACOLA FL**

TITLE **D** ☒ DELETE  
NAME **FISCHER, HERMAN**  
STREET ADDRESS **6521 SCENIC HIGHWAY**  
CITY-ST-ZIP **PENSACOLA FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **TD** ☒ Change ☐ Addition  
1.2 NAME **FLEMING, CONSTANCE R**  
1.3 STREET ADDRESS **3055 PICKFORD PL**  
1.4 CITY-ST-ZIP **PENSACOLA FL 32503**

2.1 TITLE **SD** ☐ Change ☒ Addition  
2.2 NAME **WAITE, MELANIE**  
2.3 STREET ADDRESS **4247 E SANDY BLUFF DR**  
2.4 CITY-ST-ZIP **GULF BREEZE FL 32561**

3.1 TITLE **D** ☒ Change ☐ Addition  
3.2 NAME **CROSS, DIANNE**  
3.3 STREET ADDRESS **207 CAMELIA ST**  
3.4 CITY-ST-ZIP **GULF BREEZE FL 32561**

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE **D** ☒ Change ☐ Addition  
5.2 NAME **NOVAK, FRANK J**  
5.3 STREET ADDRESS **4251 MORELIA PL**  
5.4 CITY-ST-ZIP **PENSACOLA FL 32503**

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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)(k), 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: CONSTANCE R. FLEMING, Treasurer**

**15APR96**

**(904) 477-6560**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)