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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9600005482

1. Corporation Name

FILED Feb 22, 1999 8:00 am Secretary of State

02-22-1999 90070 031 ***158.75

MOUSE PHOPERHES, INC	·							
Principal Place of Business	Mailing Address							
PO BOX 1693 PEARL RIVER NY 10965-8693 PEARL RIVER NY 10965-8693			DO NOT WRITE IN THIS SPACE					
				3. Date Incorporated or Qualifed 10/21/1996				
2. Principal Place of Business	2a. Mailing Address			4. FEI Number	Applied For			
21 26				13-3925057	Not Applicable			
Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & State	City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees			
Zip Country	<u></u>	Country -		8. This corporation owes the current year Intangible Personal Property Tax.				
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent					
C T CORPORATION SYSTI	FM	81	Name					
1200 SOUTH PINE ISLAND ROAD			Street Address (P.O. Box Number is Not Acceptable)					
PLANTATION FL 33324		83	83					
		84	City	FL 85 Zip Code				
44 Durayant to the provisions of Sactiv	one 607 0502 and 607 1508. Florida Statute	e the shove	-named com	oration submits this statement for the nurnose 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.	gistered Agent signature required when reinstating) DATE							
12.			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12						
TITLE	CPVP P	DELETE	1.1 TITLE	Sissiferet 16, 6		Change	Addition		
NAME	OTT, CLAUDE		1.2 NAME	Stan Ginsberg					
STREET ADDRESS	PO BOX 1693 (N/A)		1.3 STREET ADDRESS	PO BOX 1693			_		
CITY-ST-ZIP	PEARL RIVER NY 10965-8693		1.4 CITY-ST-ZIP		VY 10965-8	693			
TITLE	D	DELETE	2.1 TITLE	President Treusure		☐ Change	Addition		
NAME	OTT, CLAUDE		2.2 NAME	Gordon I mer	55				
STREET ADDRESS	PO BOX 1693 (N/A)		2.3 STREET ADDRESS	P.O. Bux 1693					
CITY-ST-ZIP	PEARL RIVER NY 10965-8693		2. 4 CITY-ST-ZIP		NY 10965-	8693			
TITLE	TS	DELETE	3.1 TITLE	Vice President 15	necretary	Change	Addition		
NAME	WEISS, GORDON J		3.2 NAME	stan Ginsberg	,		4.0		
STREET ADDRESS	PO BOX 1693 (N/A)		33 STREET ADDRESS	Po Box 1693					
CITY-ST-ZIP	PEARL RIVER NY 10965-8693		3.4. CITY-ST-ZIP	Peurl River	NT 10965	<u>-8693</u>			
TITLE		DELETE	4.1 TITLE			Change	☐ Addition		
NAME			4.2 NAME		•				
STREET ADDRESS			4.3 STREET ADDRESS						
CITY-ST-ZIP			4.4 CITY-ST-ZIP						
TITLE		DELETE	5.1 TITLE			Change	Addition		
NAME			5.2 NAME						
STREET ADDRESS			5.3 STREET ADDRESS						
CITY-ST-ZIP			5.4 CITY-ST-ZIP						
TITLE		DELETE	6.1 TITLE		*.	☐ Change	Addition		
NAME			6.2 NAME		•		ļ		
STREET ADDRESS			6.3 STREET ADDRESS				ļ		
CITY-ST-ZIP			6.4 CITY-ST-ZIP						

14. 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 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

WE GORDON ! [DE WEIS) OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

914 620 1600