FILE NOW: FILING FEE AFTER MAY 1 IS \$22				.00		
1.7	PROFIT RPORATION	FLORIDA DEPAR	RTMENT (B. Mortha	STATE		
NNN ANNU	JAL REPORT	Secreta	ry of State			
	1996	DIVISION OF (CORPOR	ONS	_	
1. Corporation		90 (9)				
MISS	SION HOME, INC.				1 18000 2216 MARK MARK MARK MARK	A 18() (BA)(A(A)(B)B)(B)B)(A)B)(A(A)(A)A(A) B)(A)
Principal Place	of Business	Mailing Address				f 1841 861 860 860 860 860 860 860 860 8
631 N.W. 37TH AVE. FT.LAUDERDALE FL 33311		631 N.W. 37TH AVE. FT.LAUDERDALE FL 33311				and a series in the series in
				ĺ	3. Date Incorporated or Qualified	1 and a set a set of Ettal (1900) !
<u> </u>	ace of Business	2a. Mailing Address			02/09/1983 4. FEI Number	01/25/1995 Applied For
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			59-2262756	Not Applicable
City & State	9	City & State			5. Certificate of Status Desired	\$8.75 Additional Fee Required
23 Zip	Country	28 Zip	Cou	70	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24	25 9. Name and Address of Current	29	30	ı y	This corporation has liability for Florida Statutes	intangible tax under s 199.032,
		Registered Agent		1 Name	10. Name and Address of New I	Registered Agent
DUNLEVY, JOANN					ss (P.O. Box Number is Not Acceptat	
631 NW 37 AVE FT LAUDERDALE FL 33311				3	- Tot Not Not Spial	леу
				4 City		
11. Pursuant t	to the provisions of Sections 607.0502 a ed agent, or both, in the State of Florida	and 607.1508, Florida Statutes	s, the ab	-named corporati	ion cubmits the	FL 85 Zip Code
or register familiar wit	ed agent, or both, in the State of Florida th, and accept the obligations of, Section	i. Such change was authorized n 607.0505, Florida Statutes.	d by the	poration's board	of directors. I hereby accept the appoint	pose of changing its registered office pintment as registered agent. I am
SIGNATURE _	Signature, typed or printed name of registered agent an	nd tit e if applicable (NOT)	E: Registere	ont signature required w	En rainclatin	
12.	OFFICERS AND	DIRECTORS DELETE	13.		ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTORS IN 12
NAME	DUNLEVY, JOANN		1.2			☐ Change ☐ Addition
STREET ADDRESS	631 N.W. 37TH AVE. FT LAUDERDALE, FL 00000		1.3	T ADDRESS		200
CITY-ST-ZIP TITLE	D D D D D D D D D D D D D D D D D D D	☐ DELE1E	2.1	ST-ZIP		a
NAME	DUNLEVY, JOANN		2.2			Change Addition C
STREET ADDRESS CITY-ST-ZIP	631 N.W. 37TH AVE. FT LAUDERDALE, FL 00000			ADDRESS		
TITLE		☐ DELETE	3 : 3	T-ZIP		☐ Change ☐ Addition
NAME			3.2			☐ Change ☐ Addition
STREET ADDRESS CITY-ST-ZIP				ADDRESS I-ZIP		
TITLE		☐ DELETE	4.			Change Addition
NAME STREET ADDRESS			44	ADDRESS		
CITY - ST - ZIP			44 51	ADDRESS - Zip		
TITLE		☐ DELETE	5.1	··· ·		☐ Change ☐ Addition
NAME STREET ADDRESS			52 r 53 fr a	UDDRESS		
CITY - ST - ZIP			5401			
TITLE		☐ DELETE	6 1			Change [7 Addition
NAME STREET ADDRESS			62 K)	ODRESS (
CHTV. ST. 7IP			6.4.00	Tun.		ļ
14. I do hereb certify that	y certify that the information supplied wit the information indicated on this annual tam an officer or director of the corpora	th this filing is voluntarily furnis report or supplemental annua	hed and o	not qualify for the and accurate an	e exemption stated in Section 119.07(3)(k), Florida Statutes. I further
oath; that appears in	the information indicated on this annual if am an officer or director of the corpora i Block 12 or Block 13 if changed, or on	tion or the receiver or trustee an attachment with an address	empowere ss.	execute this repo	ort as required by Chapter 607, Florid	Tile legal effect as if made under
SIGNATURE: To Claw Dunloy 4000 582						
Jidital	SIGNATURE AND TYPED OR P	RINTED NAME OF SIGNING OFFICER	OR DIRECTO		#25-9b	587-6566 Dayline Phone: