

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

1012

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # H25294 (0)
1. Corporation Name
MALENA'S MINI SCHOOL, INC.

FILED

97 JUL 25 AM 9:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
C/O MAHALA LENA CRAWFORD
9318 PENSACOLA BLVD.
PENSACOLA FL 32534

Mailing Address
7181 PINE FOREST RD.
PENSACOLA FL 32526-3907

3. Date Incorporated or Qualified 10/12/1984	3a. Date of Last Report 03/19/1996
4. FEI Number 59-2472729	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent
MOREHOUSE, MAHALA LENA
9318 PENSACOLA BLVD.
PENSACOLA FL 32514

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRAWFORD, MAHALA LENA	1.2 NAME	
STREET ADDRESS	45 HOWARD DRIVE	1.3 STREET ADDRESS	800002251478--2
CITY-ST-ZIP	PENSACOLA FL	1.4 CITY-ST-ZIP	-07/29/97-01115-018
TITLE		2.1 TITLE	***165.00 ***165.00
NAME		2.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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.

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DENNISON AND ASSOCIATES, P. A.

CERTIFIED PUBLIC ACCOUNTANTS

**MADISON PARK TOWN OFFICES
4300 BAYOU BOULEVARD, SUITE 21
PENSACOLA, FLORIDA 32503
(904) 478-7466
FAX # (904) 478-3919
New Area Code 850**

**PAYETTE DENNISON, C.P.A.
DEAN F. DENNISON, C.P.A.**

**MEMBER
AMERICAN INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS
FLORIDA INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS**

July 23, 1997

**Ms. Trevor
Division of Corporations
Secretary of State
State of Florida
P. O. Box 6327
Tallahassee, Florida 32314**


**Re: Malena's Mini School, Inc.
Profit Corporation Annual Report - 1997**

Dear Ms. Trevor:

According to your instructions by telephone this afternoon, I am forwarding a *signed* copy of the original annual report with a check in the amount of \$165.00 for the filing fee.

I spoke to Mrs. Morehouse, president of the corporation. Unfortunately, she has not received the documents you advised were returned for her signature. If she had, I am confident she would have responded to a request for her signature. Mrs. Morehouse is and has always been a very conscientious taxpayer and maintains close compliance with laws, rules, and regulations to the best of her ability.

I appreciate your assistance in this matter.

Very truly yours,

Dean F. Dennison, CPA

**cc: Malena Morehouse, President
Malena's Mini School, Inc.
7181 Pine Forest Road
Pensacola, Florida 32526-3907**