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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **J30399**

(6)

MR & PH UNITED, INC. Principal Place of Business Mailing Address TUCKEYS GIFT SHOP 7 NORTH COCOA BLVD COCOA FL 32922-7749 TOTTSMOOR FL 32975 US											
\$								3. Date Incorporated or Qualified 08/26/1986	3a. Da 04/1	te of Las 1/1990	t Report
. Principal Pl	lace of Business		28.	Mailing Addres	SS			4. FEI Number			Applied For
Suite, Apt	\$ old		26	Suite, Apt. #. e	elc		~ 	59-2725926	······································	\$0.7	Not Applicable 5 Additional
Builte, 747	n, 010		27	outo, ript. #. o				5. Certificate of Status Desired			Required
City & State	(!	, , , , , , , , , , , , , , , , , , , ,	— }—	City & State		· · · · · · · · · · · · · · · · · · ·		6. Election Campaign Financing	<u>, </u>		00 Мау Ве
<i>Z</i> ip	7 C	ountry	28	Zip		Country	,	Trust Fund Contribution 8. This corporation has liability for	rintanoihle		od to Fees
Ĺ	25		29		30	0		Florida Statutes	Yes [No	
BALL	9. Name and A	ddress of Cur	rent Regist	ered Agent		81	Name	10. Name and Address of New R	egistered /	Agent	,
	l, Herman S. 3 atlantic blvi	D							the same		
	KSONVILLE FL 3					82	Street Add	dress (P.O. Box Number is Not Accepta	idle)		
						83					
						84	City	· · · · · · · · · · · · · · · · · · ·	FL	85 2	ip Code
	to the provisions o egistered agent. o m familiar with, and	Sections 607.0 r both, in the St d accept the ob	0502 and 60 ate of Florid oligations of,	7.1508, Florida a. Such change Section 607.05	a Statutes, je was aut 505, Floric	, the above thorized by da Statutes	e-named cor y the corpora s.	rporation submits this statement for the ation's board of directors. I hereby acceptation's	purpose of opt the app	changin ointment	g its registere as registered
GNATURE	Signature, typied or printe		agent and title i	Lapplicable TORS	(NOIE F	Registered Age		rporation submits this statement for the ation's board of directors. I hereby accelured when reinstating) ADDITIONS/CHANGES TO OFFI	DATE	DIRECT	ORS IN 12
GNATURE vf	Signature, typical or printe DP BHALANI, GITA	od namie of registered OFFICERS /	agent and title i	l applicable	(NOIE F	Registered Age 13. 1.1 TITLE 1.2 NAME	ent signaturė requ	uired when reinstating)	DATE		ORS IN 12
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Secretary of State