

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

FILED
Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90096 018 ***158.75

DOCUMENT # K70231

1. Corporation Name
M.I.M. PRODUCTION COMPANY



DO NOT WRITE IN THIS SPACE

Principal Place of Business 3725 S OCEAN DR 718 HOLLYWOOD FL 33019 US		Mailing Address 3725 S OCEAN DR 718 HOLLYWOOD FL 33019 US	
2. Principal Place of Business 21		2a. Mailing Address 26	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27	
City & State 23		City & State 28	
Zip 24		Zip 29	
Country 25		Country 30	
9. Name and Address of Current Registered Agent RUBIN, ALLAN M. P. A 3725 S OCEAN DR, #718 HOLLYWOOD FL 33019			
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 FL			

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

Signature, typed or printed name of registered agent and title if applicable

(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	
NAME	COWAN, MARJORIE FRIEDLAN	1.2 NAME	
STREET ADDRESS	1615 DIPLOMAT PARKWAY	1.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL	1.4 CITY-ST-ZIP	
TITLE	SVT	2.1 TITLE	
NAME	WATERS, MIRA	2.2 NAME	
STREET ADDRESS	503 ST. ANDREWS RD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	
NAME	WATERS, MIRA	3.2 NAME	
STREET ADDRESS	503 ST. ANDREWS RD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

01/19/99 954-458-8998

CR2E034 (11/98)