

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAR 15 AM 10:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K90100

(4)

1. Corporation Name

MIND MATTERS, INC.

Principal Place of Business

3450 S. OCEAN BLVD., #506
HIGHLAND BEACH FL 33487

Mailing Address

3450 S. OCEAN BLVD., #506
HIGHLAND BEACH FL 33487

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

05/23/1989

3a. Date of Last Report

04/11/1994

4. FEI Number

65-0120946

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☐ Yes ☐ No

2. Principal Place of Business

21 5618 Aspen Ridge Circle
Suite, Apt. #, etc.

2a. Mailing Address

26 5618 Aspen Ridge Circle
Suite, Apt. #, etc.

23 City & State

Delray Beach, FL

28 City & State

Delray Beach, FL

24 Zip

33484

Country

29 Zip

33484

Country

9. Name and Address of Current Registered Agent

ZIMMERMAN, JED B
3450 S. OCEAN BLVD., #506
HIGHLAND BEACH FL 33487

10. Name and Address of New Registered Agent

81 Name

Jed B. Zimmerman

82 Street Address (P.O. Box Number is Not Acceptable)

5618 Aspen Ridge Circle

83

84 City

Delray Beach

FL

85 Zip Code

33484

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

Jed B. Zimmerman
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/8/95

12. OFFICERS AND DIRECTORS

TITLE PD
NAME ZIMMERMAN, JED B
STREET ADDRESS 3450 SOUTH OCEAN BLVD., #506
CITY-ST-ZIP HIGHLAND BEACH FL 33487

TITLE D
NAME ZIMMERMAN, ANNMARIE
STREET ADDRESS 3450 SOUTH OCEAN BLVD., #506
CITY-ST-ZIP HIGHLAND BEACH FL 33487

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
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CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

5618 Aspen Ridge Circle
Delray Beach, FL 33484

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

5618 Aspen Ridge Circle
Delray Beach, FL 33484

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 recorder or notary empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/8/95

407-495-0157