

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **L15641** (8)

1. Corporation Name

MYMIID, INC.



Principal Place of Business

**% BENJAMIN FELDER
4311 BIRMINGHAM ROAD
JACKSONVILLE FL 32207**

Mailing Address

**% BENJAMIN FELDER
4311 BIRMINGHAM ROAD
JACKSONVILLE FL 32207**

2. Principal Place of Business

21 State, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 State, Apt. #, etc.

27 City & State

28 Zip Country

29

9. Name and Address of Current Registered Agent

**FELDER, BENJAMIN
4311 BIRMINGHAM ROAD
JACKSONVILLE FL 32207**

3. Date Incorporated or Qualified

09/07/1989

3a. Date of Last Report

03/08/1995

4. FEI Number

59-2967341

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

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

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 607.0503, Florida Statutes.

SIGNATURE

Signature of person who is registered agent or the corporation

Signature of person who is registered agent or the corporation

DATE

12. OFFICERS AND DIRECTORS

TITLE	DTS	☐ DELETE
NAME	FELDER, MILTON	
STREET ADDRESS	4311 BIRMINGHAM ROAD	
CITY-STATE-ZIP	JACKSONVILLE FL	
TITLE	DP	☐ DELETE
NAME	HOFFENBERG, SEYMORE I	
STREET ADDRESS	1151 LAKEWOOD RD	
CITY-STATE-ZIP	JACKSONVILLE FL	
TITLE	DV	☒ DELETE
NAME	SLAFF, ALYSE D	
STREET ADDRESS	2801 ALVARADO AVE	
CITY-STATE-ZIP	JACKSONVILLE FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-STATE-ZIP	
21 TITLE	☒ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-STATE-ZIP	
31 TITLE	☒ Change ☐ Addition
32 NAME	DV
33 STREET ADDRESS	SLAFF NORMAN
34 CITY-STATE-ZIP	2801 ALVARADO AVE
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-STATE-ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-STATE-ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-STATE-ZIP	

14. 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)(b), 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.

SIGNATURE: *Milton Felder* (MILTON FELDER)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/2/96 *9047378552*
DATE DATE-TIME PHONE

CR2E034 (12/95)