

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

FILED
May 16 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **L74857** (8)

1. Corporation Name
MIMAR INVESTMENTS, INC.

Principal Place of Business
**13711 ATLANTIC BLVD.
JACKSONVILLE FL 32225**

Mailing Address
**13711 ATLANTIC BLVD.
JACKSONVILLE FL 32225-3236**



3. Date Incorporated or Qualified **05/22/1990** 3a. Date of Last Report **05/01/1996**

4. FEI Number **59-3011953** 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

2a. Mailing Address

21 **1786 Mandarin Estates Dr.**

26 **1786 Mandarin Estates Dr.**

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State
Jacksonville, FL

28 City & State
Jacksonville, FL

24 Zip **32223** Country **USA**

29 Zip **32223** Country **USA**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**STOW, E.H.
13711 ATLANTIC BLVD.
JACKSONVILLE FL 32225**

81 Name **John S. Ball**
82 Street Address (P.O. Box Number is Not Acceptable)
Fisher, Tousey, Leas & Ball
83 **1 Independent Drive, Suite 2600**
84 City **Jacksonville** FL 85 Zip Code **32202**

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 *John S. Ball*

(NOTE: Registered Agent signature required when reinstalling)

DATE **4/18/97**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PSD	<input type="checkbox"/> DELETE
NAME	MARTORANA, MICHELLE C.	
STREET ADDRESS	1786 MANDARIN ESTATE DR	
CITY - ST - ZIP	JACKSONVILLE FL	
TITLE	VTD	<input checked="" type="checkbox"/> DELETE
NAME	STOW, E.H.	
STREET ADDRESS	13711 ATLANTIC BLVD.	
CITY - ST - ZIP	JACKSONVILLE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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.

SIGNATURE: *Michelle C. Martorana* **Michelle C. Martorana** 4-21-97 (904) 262-0573
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)