SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1996.
AMOUNT DUE ON OR BEFORE 8/9/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 AUG -8 AM 4:23

DOCUMENT # **M68425** **(1)**

1. Corporation Name
MERMAID SPICE COMPANY, INC.

Principal Place of Business	Mailing Address
C/O MIKE ASAAD 12581-14 METRO PARKWAY FT. MYERS FL 33912	C/O MIKE ASAAD 12581-14 METRO PARKWAY FT. MYERS FL 33912

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/10/1988
3a. Date of Last Report: 04/20/1994

2. Principal Place of Business
21: 5702 Corporation Circle
22 Suite, Apt. #, etc.:
23 City & State: Ft. Myers FL
24 Zip: 33905 25 Country:

2a. Mailing Address
26: 5702 Corporation Circle
27 Suite, Apt. #, etc.:
28 City & State: Ft. Myers FL
29 Zip: 33905 30 Country:

4. FEI Number: 65-0109598 ☐ 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

9. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

ASAAD, MIKE
12581-14 METRO PARKWAY
FT. MYERS FL 33912

10. Name and Address of New Registered Agent

91 Name: ASAAD, MIKE
92 Street Address (P.O. Box Number is Not Acceptable): 5702 Corporation Circle
93:
94 City: Ft. Myers FL 95 Zip Code: 33905

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: X [signature] MIKE ASAAD DATE: X 8-3-95
Signature, typed or printed name of registered agent, title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE	D	☒ Change ☐ Addition
NAME	ASAAD, MIKE	1.2 NAME	ASAAD, MIKE	
STREET ADDRESS	12581-14 METRO PKWY	1.3 STREET ADDRESS	5702 Corporation Circle	
CITY-ST-ZIP	FT. MYERS FL	1.4 CITY-ST-ZIP	FT. MYERS, FL	
TITLE		2.1 TITLE		☐ Change ☐ Addition
NAME		2.2 NAME		
STREET ADDRESS		2.3 STREET ADDRESS		
CITY-ST-ZIP		2.4 CITY-ST-ZIP		
TITLE		3.1 TITLE		☐ Change ☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-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)(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: X [signature] 8-3-95 941-68-1986
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
MIKE ASAAD

CR2E034 (3/95)

0161034 FP