

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAR 16 AM 9:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M86114 (9)

1. Corporation Name
MINDESCAPE, INC.

Principal Place of Business Mailing Address
8059 W. MCNAB RD. 8059 W. MCNAB RD.
FT. LAUDERDALE FL 33321 FT. LAUDERDALE FL 33321

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 06/20/1988 3a. Date of Last Report 04/07/1994
4. FEI Number 65-0059317 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 8763 NW 76th DRIVE 25 8763 NW 76th DRIVE
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 27
City & State City & State
23 TAMARAC, FL 28 TAMARAC, FL
Zip Country Zip Country
24 33321 29 33321 30

9. Name and Address of Current Registered Agent
LERNER, LISA
8059 W. MCNAB ROAD
FORT LAUDERDALE FL 33321

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
8763 NW 76th DRIVE
83
84 City TAMARAC FL 85 Zip Code 33321

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 *Lisa Lerner* (NOTE: Registered Agent signature required when reinstating) DATE 3/11/95

12. OFFICERS AND DIRECTORS	
TITLE	P
NAME	LERNER, LISA
STREET ADDRESS	8059 W. MCNAB RD.
CITY - ST - ZIP	FT. LAUDERDALE FL
TITLE	ST
NAME	BUTZER, TERESA
STREET ADDRESS	8059 W. MCNAB RD.
CITY - ST - ZIP	FT. LAUDERDALE FL
TITLE	VP
NAME	ROBBINS, LEE
STREET ADDRESS	8059 W. MCNAB RD
CITY - ST - ZIP	FT. LAUDERDALE FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	8763 NW 76th DRIVE
1.4 CITY - ST - ZIP	TAMARAC, FL 33321
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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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 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: *Lisa Lerner* Lisa Lerner 3/11/95 307 200419
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Corporate Phone #)