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1

NONPROFIT CORPORATION ANNUAL REPORT 1998

FLORIDA DEPARTMENT OF STATE
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

B. Mortham
 Secretary of State

DOCUMENT # **196000000540**

T. Corporation Name
MIAMI VIRGIN ISLANDS MOCKO JUMBIE STILT DANCERS

FILED
 98 NOV 30 AM 9:51
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address

F.O. BOX 971726 P.O. BOX 971726
MIAMI, FL. 33197-1726 Miami, FL 33197-1726
 10455 S.W. 146 Terr
 Miami FL 33197

3. Date Incorporated or Qualified
11/29/1996

4. FEI Number
65-0643224 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

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business 2a. Mailing Address

21 **10455 S.W. 146 Terr** 26 **P.O. Box 971726**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

22 City & State 27 City & State
Miami, FL **Miami, FL**

24 **33176** 25 **Dade USA** 29 **33197-1726** 30 **USA**

9. Name and Address of Current Registered Agent

Brooks, VERNON
10455 S.W. 146 Terr
Miami, FL 33176

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE **Vern Brooks VERNON BROOKS** 8/31/98
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE		<input type="checkbox"/> DELETE
NAME	Brooks, VERNON	
STREET ADDRESS	375 NE 191st Apt 202	
CITY-ST-ZIP	Miami, FL 33179	
TITLE		<input type="checkbox"/> DELETE
NAME	Stevens, Valmon	
STREET ADDRESS	375 NE 191st Apt 202	
CITY-ST-ZIP	Miami, FL 33179	
TITLE		<input type="checkbox"/> DELETE
NAME	Bonelli, Raymond	
STREET ADDRESS	375 NE 191st Apt 202	
CITY-ST-ZIP	Miami, FL 33179	
TITLE		<input type="checkbox"/> DELETE
NAME	Danovan, Claudette	
STREET ADDRESS	375 NE 191st Apt 202	
CITY-ST-ZIP	Miami, FL 33179	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	PD Brooks, VERNON
1.3 STREET ADDRESS	10455 S.W. 146 Terr
1.4 CITY-ST-ZIP	Miami, FL 33176
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	UP Bonelli, Doris
2.3 STREET ADDRESS	10455 S.W. 146 Terr
2.4 CITY-ST-ZIP	Miami, FL 33176
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	PD Bonelli, Raymond
3.3 STREET ADDRESS	10455 S.W. 146 Terr
3.4 CITY-ST-ZIP	Miami, FL 33176
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	SD Donovan, Claudette
4.3 STREET ADDRESS	10455 S.W. 146 Terr
4.4 CITY-ST-ZIP	Miami, FL 33176
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	800002702049
5.3 STREET ADDRESS	-12/03/98-01082-006
5.4 CITY-ST-ZIP	*****61.25 *****61.25
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	5/20/97 97580/022 61.25
6.4 CITY-ST-ZIP	

14. I 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Vern Brooks VERNON BROOKS** 8/31/98 (305) 252-6152
 Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (10/97)

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TO: L.Sellers

From: Vernon

As per our conversation you asked that I complete a new application and mail it back to you with a little note explaining what happened that caused the corporation to dissolve. Our 1997 application was mailed back to us for corrections. We got it completed it and mailed it back to your office, but it could not be found in your office nor was it returned to my address. The check that was sent along with the application was cashed a few weeks after the application was sent off. If you need to reach me you can call me at 305-252-6152. Again this letter is for the reinstatement of our corporation.

P.S. If anyone beside L.Sellers shall receive this letter please forward it to her for she is the only person familiar with this problem.

Thank You !

Vernon