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Feb 03 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P34411 (9)

1. Corporation Name

MISSION POSSIBLE THRIFT SHOP, INC.



Principal Place of Business

Mailing Address

165 E HILLSBORO BLVD
DEERFIELD BEACH FL 33441

165 E HILLSBORO BLVD
DEERFIELD BEACH FL 33441-3545

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

3. Date Incorporated or Qualified
06/21/1991

3a. Date of Last Report
03/12/1996

4. FEI Number
47-0655645

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MUELLER, RALPH
617 SE 8TH AVENUE
DEERFIELD BEACH FL 33441

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☐ DELETE
NAME MUELLER, RALPH
STREET ADDRESS 617 SE 8TH AVE.
CITY-ST-ZIP DEERFIELD BEACH FL

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE V ☐ DELETE
NAME DEVLIN, THOMAS A
STREET ADDRESS 2948 NE 36TH ST
CITY-ST-ZIP LIGHTHOUSE POINT FL

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME Devlin, Thomas A.
2.3 STREET ADDRESS 211 E. 51 ST
2.4 CITY-ST-ZIP New York, NY 10022

TITLE S ☐ DELETE
NAME TARRIEN, MARY JO
STREET ADDRESS 1402 FULMAR DR.
CITY-ST-ZIP DELRAY BEACH FL

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE T ☐ DELETE
NAME MUELLER, M. VERONICA
STREET ADDRESS 617 SE 8TH AVE.
CITY-ST-ZIP DEERFIELD BEACH FL

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME LAVOIE, LUANN
STREET ADDRESS 3280 SW 2ND ST
CITY-ST-ZIP DEERFIELD BCH FL

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME MUELLER, GUY
STREET ADDRESS 797 MALLARD RIVE
CITY-ST-ZIP DELRAY BEACH FL

6.1 TITLE ☐ Change ☐ 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Ralph Mueller
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-22-97 (954) 429-3165
Date Daytime Phone # 0042715

CR2E037 (9/96)