

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 27 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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 165 E HILLSBORO BLVD DEERFIELD BEACH FL 33441	Mailing Address 165 E HILLSBORO BLVD DEERFIELD BEACH FL 33441
---	---

3. Date Incorporated or Qualified
06/21/1991

4. FEI Number
47-0655645

Applied For
☐ Not Applicable

2. Principal Place of Business
21 Suite, Apt. #, etc.

2a. Mailing Address
26 Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

22 City & State

27 City & State

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00** May Be Added to Fees

23 Zip Country

28 Zip Country

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

24 Zip Country

29 Zip Country

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ 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	
TITLE	P <input type="checkbox"/> DELETE
NAME	MUELLER, RALPH
STREET ADDRESS	617 SE 8TH AVE.
CITY-ST-ZIP	DEERFIELD BEACH FL
TITLE	V <input type="checkbox"/> DELETE
NAME	DEVLIN, THOMAS A
STREET ADDRESS	211 E. 51 ST.
CITY-ST-ZIP	NEW YORK NY
TITLE	S <input type="checkbox"/> DELETE
NAME	TARRIEN, MARY JO
STREET ADDRESS	1402 FULMAR DR.
CITY-ST-ZIP	DELRAY BEACH FL
TITLE	T <input type="checkbox"/> DELETE
NAME	MUELLER, M. VERONICA
STREET ADDRESS	617 SE 8TH AVE.
CITY-ST-ZIP	DEERFIELD BEACH FL
TITLE	D <input type="checkbox"/> DELETE
NAME	LAVOIE, LUANN
STREET ADDRESS	3280 SW 2ND ST
CITY-ST-ZIP	DEERFIELD BCH FL
TITLE	D <input type="checkbox"/> DELETE
NAME	MUELLER, GUY
STREET ADDRESS	797 MALLARD RIVE
CITY-ST-ZIP	DELRAY BEACH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
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 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 **Ralph Mueller** 1-12-98 954-429-3165

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 000-0000

CR2E037 (10/97)