

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 23, 1999 8:00 am
Secretary of State

02-23-1999 90002 040 ****61.25

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DOCUMENT # P34411

1. Corporation Name

MISSION POSSIBLE THRIFT SHOP, INC.

99082 90002 40

Principal Place of Business
165 E HILLSBORO BLVD
DEERFIELD BEACH FL 33441

Mailing Address
165 E HILLSBORO BLVD
DEERFIELD BEACH FL 33441



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

06/21/1991

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

47-0655645

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

24 25 29 30 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
NAME MUELLER, RALPH
STREET ADDRESS 617 SE 8TH AVE.
CITY-ST-ZIP DEERFIELD BEACH FL

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

TITLE V
NAME DEVLIN, THOMAS A
STREET ADDRESS 211 E. 51 ST.
CITY-ST-ZIP NEW YORK NY

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

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

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

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

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

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

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

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

6.1 TITLE
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, with all other like empowered.

SIGNATURE:

Ralph Mueller
1-7-99 (954) 429-3165

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)