

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

DOCUMENT # **P93000016896 (1)**

1. Corporation Name

**HIS, MINE, AND OURS, INC.**

Principal Place of Business

**2130 S. ATLANTIC AVE.  
DAYTONA BEACH FL 32118  
US**

Mailing Address

**2130 S. ATLANTIC AVE.  
DAYTONA BEACH FL 32118  
US**



2. Principal Place of Business		2a. Mailing Address	
21 <b>2031 Schulte Ave</b>	26 <b>2031 Schulte Ave</b>		
Suite, Apt., etc.		Suite, Apt., etc.	
22 <b>2</b>	27 <b>2</b>		
City & State		City & State	
23 <b>Daytona Beach</b>	28 <b>Daytona Beach</b>		
Zip	Country	Zip	Country
24 <b>32118</b>	25 <b>USA</b>	29 <b>32118</b>	30 <b>USA</b>

3. Date Incorporated or Qualified <b>03/05/1993</b>	3a. Date of Last Report <b>05/23/1995</b>
4. FEI Number <b>59-3160756</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**PIRES, TERESA  
2130 S. ATLANTIC AVE.  
DAYTONA BEACH FL 32118**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	<b>2031 Schulte Ave # 2</b>
83	
84 City	<b>Daytona Beach FL</b>
85 Zip Code	<b>32118</b>

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

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	<b>P</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PIRES, ALFREDO</b>	1.2 NAME	
STREET ADDRESS	<b>2130 S ATLANTIC AVE</b>	1.3 STREET ADDRESS	<b>2031 Schulte Ave # 2</b>
CITY-ST-ZIP	<b>DAYTONA BEACH FL 32118</b>	1.4 CITY-ST-ZIP	<b>Daytona Beach, FL 32118</b>
TITLE	<b>V</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PIRES, TERESA</b>	2.2 NAME	
STREET ADDRESS	<b>2130 S. ATLANTIC AVE</b>	2.3 STREET ADDRESS	<b>2031 Schulte Ave # 2</b>
CITY-ST-ZIP	<b>DAYTONA BEACH FL 32118</b>	2.4 CITY-ST-ZIP	<b>Daytona Beach, FL 32118</b>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 119.07(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)