

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P93000030299 (0)

1. Corporation Name
MRS. THOUMY'S, INC.



Principal Place of Business: 4891 N A1A VERO BEACH FL 32963
Mailing Address: 4891 N A1A VERO BEACH FL 32963

3. Date Incorporated or Qualified: 04/26/1993
3a. Date of Last Report: 03/31/1995
4. FEI Number: 65-0405312
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

2. Principal Place of Business: 21 State, Apt. #, etc.; 22 City & State; 23 Zip; 24 Country
2a. Mailing Address: 26 State, Apt. #, etc.; 27 City & State; 28 Zip; 29 Country

9. Name and Address of Current Registered Agent

FILINGS, INC.
3732 NW 16TH ST
FT LAUDERDALE FL 33311

10. Name and Address of New Registered Agent

81 Name; 82 Street Address (P.O. Box Number is Not Acceptable); 83; 84 City; 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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 607.0503, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS

11a. TITLE	DPT	<input type="checkbox"/> DELETE
11b. NAME	WENZ, VALERIE	
11c. STREET ADDRESS	1416 SW 21ST AVE	
11d. CITY-STATE-ZIP	VERO BEACH FL	
11e. TITLE	DVS	<input type="checkbox"/> DELETE
11f. NAME	CLARK, VICTORIA	
11g. STREET ADDRESS	1924 5TH AVE SE	
11h. CITY-STATE-ZIP	VERO BEACH FL	
11i. TITLE		<input type="checkbox"/> DELETE
11j. NAME		
11k. STREET ADDRESS		
11l. CITY-STATE-ZIP		
11m. TITLE		<input type="checkbox"/> DELETE
11n. NAME		
11o. STREET ADDRESS		
11p. CITY-STATE-ZIP		
11q. TITLE		<input type="checkbox"/> DELETE
11r. NAME		
11s. STREET ADDRESS		
11t. CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	
12. STREET ADDRESS	
12. CITY-STATE-ZIP	
2. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
2. STREET ADDRESS	
2. CITY-STATE-ZIP	
3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3. NAME	
3. STREET ADDRESS	
3. CITY-STATE-ZIP	
4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4. NAME	
4. STREET ADDRESS	
4. CITY-STATE-ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. NAME	
5. STREET ADDRESS	
5. CITY-STATE-ZIP	
6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
6. STREET ADDRESS	
6. CITY-STATE-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)(ix), 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: *Valerie E. Wenz* Valerie E. Wenz 1/18/96 407-231-3992
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)