

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**

**May 13 1997 8:00am  
Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1997**



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

**DOCUMENT # P93000034291 (3)**

1. Corporation Name  
**MIMOSA TRADING COMPANY**



Principal Place of Business  
**4800 S W 51ST ST  
STE 101 #104  
DAVIE FL 33314  
US**

Mailing Address  
**4800 S W 51ST STREET  
STE 101 #104  
DAVIE FL 33314-5511  
US**

3. Date Incorporated or Qualified  
**05/07/1993**

3a. Date of Last Report  
**03/19/1996**

2. Principal Place of Business  
21 Suite, Apt #, etc.  
22 City & State  
23 Zip  
24 Country

2a. Mailing Address  
25 Suite, Apt #, etc.  
26 City & State  
27 Zip  
28 Country

4. FEI Number  
**65-0241823**

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  
**BECKETT, BRIDGET  
4800 S W 51ST STREET  
STE 101  
FT LAUDERDALE FL 33314**

10. Name and Address of New Registered Agent  
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 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

|                |                                      |                                 |
|----------------|--------------------------------------|---------------------------------|
| TITLE          | <b>D</b>                             | <input type="checkbox"/> DELETE |
| NAME           | <b>BECKETT, BRIDGET</b>              |                                 |
| STREET ADDRESS | <b>4800 S W 51ST STREET, STE 101</b> |                                 |
| CITY-ST-ZIP    | <b>FT LAUDERDALE FL</b>              |                                 |
| TITLE          | <b>D</b>                             | <input type="checkbox"/> DELETE |
| NAME           | <b>BECKETT, SHAUN</b>                |                                 |
| STREET ADDRESS | <b>332 BOBWHITE WAY</b>              |                                 |
| CITY-ST-ZIP    | <b>SANGER TX</b>                     |                                 |
| TITLE          | <b>D</b>                             | <input type="checkbox"/> DELETE |
| NAME           | <b>NEIGHBORS, BETHANY BECKET</b>     |                                 |
| STREET ADDRESS | <b>2208 AUGUSTA AVE</b>              |                                 |
| CITY-ST-ZIP    | <b>EDMOND OK</b>                     |                                 |
| TITLE          | <b>D</b>                             | <input type="checkbox"/> DELETE |
| NAME           | <b>NAMPHY, MIMI</b>                  |                                 |
| STREET ADDRESS | <b>4800 S W 51ST ST., STE 101</b>    |                                 |
| CITY-ST-ZIP    | <b>FT LAUDERDALE FL</b>              |                                 |
| TITLE          | <b>D</b>                             | <input type="checkbox"/> DELETE |
| NAME           | <b>NAMPHY/JOSEPH</b>                 |                                 |
| STREET ADDRESS | <b>4800 S W 51ST ST., STE 101</b>    |                                 |
| CITY-ST-ZIP    | <b>FT LAUDERDALE FL</b>              |                                 |
| TITLE          | <b>D</b>                             | <input type="checkbox"/> DELETE |
| NAME           | <b>BECKETT, MARCUS</b>               |                                 |
| STREET ADDRESS | <b>4800 S W 51ST ST., STE 101</b>    |                                 |
| CITY-ST-ZIP    | <b>FT LAUDERDALE FL</b>              |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |                                |  |
|--------------------|--------------------------------|--|
| 1.1 TITLE          | <b>D</b>                       | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME           | <b>TED BECKETT</b>             |  |
| 1.3 STREET ADDRESS | <b>4800 SW 51st St #104</b>    |  |
| 1.4 CITY-ST-ZIP    | <b>FT LAUDERDALE, FL 33314</b> |  |
| 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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME           |                                |  |
| 6.3 STREET ADDRESS |                                |  |
| 6.4 CITY-ST-ZIP    |                                |  |

**80000218898**  
**-05/22/97--01124--019**  
**\*\*\*165.00**

*Handwritten signature and date: 5/13/97*

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 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  
**4/28/97** **954-792-5126**  
Date Daytime Phone #

CR2E034 (9/96)