

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

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

04-23-1999 90166 044 ***150.00

DOCUMENT # P93000034291

1. Corporation Name
MIMOSA TRADING COMPANY

Principal Place of Business

4700 SW 51ST STREET
SUITE 201
DAVIE FL 33314
US

Mailing Address

4800 S W 51ST STREET
STE 104
DAVIE FL 33314
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

05/07/1993

4. FEI Number
65-0241823

Applied For

Not Applicable

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

BECKETT, TED
4700 SW 51ST STREET
SUITE 201
DAVIE 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	D	BECKETT, BRIDGET	<input type="checkbox"/> DELETE
NAME		4700 SW 51 STREET, SUITE 201	
STREET ADDRESS		FT LAUDERDALE FL	
CITY-ST-ZIP			
TITLE	D	BECKETT, SHAUN	<input type="checkbox"/> DELETE
NAME		332 BOBWHITE WAY	
STREET ADDRESS		SANGER TX	
CITY-ST-ZIP			
TITLE	D	NEIGHBORS, BETHANY BECKETT	<input type="checkbox"/> DELETE
NAME		2208 AUGUSTA AVE	
STREET ADDRESS		EDMOND OK	
CITY-ST-ZIP			
TITLE	D	NAMPHY, MIMI	<input type="checkbox"/> DELETE
NAME		4700 SW 51 STREET, SUITE 201	
STREET ADDRESS		FT LAUDERDALE FL	
CITY-ST-ZIP			
TITLE	D	NAMPHY, JOSEPH	<input type="checkbox"/> DELETE
NAME		4700 SW 51 STREET, SUITE 201	
STREET ADDRESS		FT LAUDERDALE FL	
CITY-ST-ZIP			
TITLE*	D	BECKETT, MARCUS	<input type="checkbox"/> DELETE
NAME		4700 SW 51 STREET, SUITE 201	
STREET ADDRESS		FT LAUDERDALE FL	
CITY-ST-ZIP			

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" 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 607, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)