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

PROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT # P93000054179 (5)

MOUSE IN THE HOUSE, INC.

Mailing Address



Principal Place of Business 4801 OLD OAK TREE COURT ORLANDO FL 32808		1916	4801 OLD OAK TREE COURT ORLANDO FL 32808			1	Date incorporated or Qualified 07/30/1993		ate of Last F 05/01/1 9	995	
2. Principal Place	of Business	28.	. Mailing Address	_,,			4.	FEI Number			Applied For Not Applicable
1			26					59-3197845		\$8.7	5 Additional
Suite, Apt. #, etc			Suite, Apt. #, etc.				5.	Certificate of Status Desired			Required
22		27	City & State				6.	Election Campaign Financing		\$5.0	0 May Be
City & State		28	Gay a Game				į.	Trust Fund Contribution			ed to Fees
Zip	Country	1231	Zιρ	Cou	intry		8.	. This corporation has liability f	or intangible es 🔲 No	tax under s	s 199.032,
24	25	29		30	T			Florida Statutes Y Name and Address of Nev	Registere	d Agent	
	9. Name and Address of Curr	ent Regi	stered Agent		81	Name	10	Traine Bito Addition			
					82			O D. Number is Not Acces	table)		
BANOCHOWSKI, JOAN C						Street Addr	ress (P.O. Box Number is Not Acceptable)				
4801 OLD OAK TREE CT						<u></u>					
ORLANDO FL 32808					84	City		8:		. 85	Zip Code
									<u>F</u>		and and off
11. Pursuant to or registered familiar with	the provisions of Sections 697.05 diagent, or both, in the State of Fi , and accept the obligations of, Se	02 and 6 oridal Sck ection 60	,07,1508, Florida Statu ch change was author 7,0505, Florida Statute	utes, the ab rized by the ES	cort ove-	named corpor noration's boa	ration rd of	directors. Thereby accept the a	ppointment	t as régisten	ed agent. Lam
	grance typed or probenical to the grove La					s Esignature reciplis		ner strout	DA*I	t	
12.	QFFICERS /	AND DIRE		13.				ADDITIONS/CHANGES TO (OFFICERS A	AND DIREC	FORS IN 12 e
TITLE	PS		DELETE	1.1	TILLE					[_] Citally	r. Magazior
NAME	BANOCHOWSKI, JOAN C				NAME	1					
STREET ADDRESS	4801 OLD OAK TREE CT					E ADORESS					
CITY-ST-ZIP	ORLANDO FL				CITY	SI-ZIP				Cnang	e 🔲 Addition
TITLE			DETEIF		NAMI	1					
NAMÉ						ELADORESS					
STREET ADDRESS				1		-S1 ZiP					
CITY - ST - ZIP			DELETE		1 TITL					Chan	ge 🔲 Additio
TILE				32	NAM	E					
NAME STREET ADDRESS				3.3	STR	EEL ADDRESS					
CITY-ST ZIP				3.4	CITY	-SI-7P				[] Chan	ge 🔲 Additio
TITLE			[]] DELETE		1 1111						a, C
NAME					NAM S						
STREET ADDRESS				1		ELI ALIDRESS					
CITY - ST - ZIP			[7.05(C)		4 ()(<u>1)</u> 1 T. B	\$1 · ZIF				☐ Char	ge 🔲 Additio
TITLE			☐ DELFTE		1 I I II 2 NAN	i					
NAME						EET ADUGESS					
STREET ADDRESS						r-ST-ZP					
CITY-ST-7IP			DELETE		4 UT			,,		☐ Chai	nge 🔲 Addit.
TATLE			El pere le		2 NA!						
NAME						CELLADORESS					
STREET ADDRESS											
CITY-S1-ZIP			At the fitting to any materials	furnished a	od c	lues not qualif	fy for t	the exemption stated in Section	119.07(3)(k), Florida S	tatutes. I furthe

14. Too hereby certify that the information supplied with this fling 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 logal effect as if made under certify that I am an officer or director of the conscirction 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 ou an attachment with an address

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

U-)1, 21.

England Problem