

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

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

DOCUMENT # P93000060138 (3)

95 FEB -7 PH 3:12

1. Corporation Name

MIZNER'S MOVEABLE FEAST INC.

Principal Place of Business

8 VIA MIZNER
WORTH AVE
PALM BEACH FL 33480
US

Mailing Address

8 VIA MIZNER
WORTH AVE
PALM BEACH FL 33480
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

08/26/1993

3a. Date of Last Report

04/22/1994

4. FEI Number

65-0438782

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

2a. Mailing Address

21 8 VIA MIZNER

26 8 VIA MIZNER

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CORPORATE CREATIONS ENTERPRISES INC
4521 PGA BLVD
PALM BEACH GARDENS FL 33418

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 resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME SAGE, HENRY W JR
STREET ADDRESS % 16 VIA MIZNER, WORTH AVE
CITY-ST-ZIP PALM BEACH FL 33480

1.1 TITLE CHAIRMAN
1.2 NAME JAN M. KUAN
1.3 STREET ADDRESS % 16 VIA MIZNER, WORTH AVE
1.4 CITY-ST-ZIP PALM BEACH FL 33480

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE PRESIDENT
2.2 NAME FRANK SHIELDS
2.3 STREET ADDRESS SAME AS ABOVE
2.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE VICE PRESIDENT
3.2 NAME LISA MARSHALL
3.3 STREET ADDRESS SAME AS ABOVE
3.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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 contained 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: x

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

JAN M. KUAN

x 2/2/95 x 407-655-9101