

07121999-90002-005-\$550.00-\$550.00

AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**PROFIT
CORPORATION
ANNUAL REPORT
1999**


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

DOCUMENT # P93000065504
Corporation Name

MIKI ENTERPRISES, INC.

Principal Place of Business

 5TH AVE., SOUTH
NAPLES FL 34102

Mailing Address

 821 5TH AVE., SOUTH
NAPLES FL 34102
US

Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

2a. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

9. Name and Address of Current Registered Agent

 LIEBERFARB, STANLEY J.
4001 TAMiami TRAIL NORTH
STE. 330
NAPLES FL 33940

3. Date Incorporated or Qualified

09/21/1993

4. FEI Number

65-0438814

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.
☒Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

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84 City

85 Zip Code

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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)

7/26/99

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

OFFICERS AND DIRECTORS		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
E	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
E	SHUMWAY, CHARLES L JR.	1.2 NAME	
E	821 5TH AVENUE SOUTH	1.3 STREET ADDRESS	
E	NAPLES FL 34102	1.4 CITY-ST-ZIP	
E	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
E		2.2 NAME	
E		2.3 STREET ADDRESS	
E		2.4 CITY-ST-ZIP	
E	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
E		3.2 NAME	
E		3.3 STREET ADDRESS	
E		3.4 CITY-ST-ZIP	
E	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
E		4.2 NAME	
E		4.3 STREET ADDRESS	
E		4.4 CITY-ST-ZIP	
E	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
E		5.2 NAME	
E		5.3 STREET ADDRESS	
E		5.4 CITY-ST-ZIP	
E	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
E		6.2 NAME	
E		6.3 STREET ADDRESS	
E		6.4 CITY-ST-ZIP	

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jul 12, 1999 8:00 am
Secretary of State

07-12-1999 90002 005 ***550.00

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DO NOT WRITE IN THIS SPACE

CR2E034 (5/99)