

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 AM 7:50

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # P93000065693 (2)

1. Corporation Name

MISSION MANORS, INC.

Principal Place of Business

**480 N.W. 40TH COURT
OAKLAND PARK FL 33309**

Mailing Address

**480 N.W. 40TH COURT
OAKLAND PARK FL 33309**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/16/1993

3a. Date of Last Report

04/26/1994

4. FEI Number

65-0438412

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. The Corporation has liability for intangible tax under Chapter 199, Florida Statutes

☒ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Province

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Province

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BHAGOLO, CHANDERDAI
4200 N.W. 3RD CT
PLANTATION FL 33317**

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 607.0902 and 607.1505, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in this 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 607.0905, Florida Statutes.

SIGNATURE

(Signature of Registered Agent required; sign after registration)

(Signature of Agent required; sign after registration)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '95

TITLE	DP
NAME	BHAGOO, CHANDERDAI
STREET ADDRESS	4200 N.W. 3RD CT
CITY, ST, ZIP	PLANTATION FL 33317
TITLE	TS
NAME	BHAGOO, CHANDERDAI
STREET ADDRESS	4200 N.W. 3RD CT
CITY, ST, ZIP	PLANTATION FL 33317
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

1. TITLE	☐ Change ☐ Addition
1. NAME	
1. STREET ADDRESS	
1. CITY, ST, ZIP	
2. TITLE	☐ Change ☐ Addition
2. NAME	
2. STREET ADDRESS	
2. CITY, ST, ZIP	
3. TITLE	☐ Change ☐ Addition
3. NAME	
3. STREET ADDRESS	
3. CITY, ST, ZIP	
4. TITLE	☐ Change ☐ Addition
4. NAME	
4. STREET ADDRESS	
4. CITY, ST, ZIP	
5. TITLE	☐ Change ☐ Addition
5. NAME	
5. STREET ADDRESS	
5. CITY, ST, ZIP	
6. TITLE	☐ Change ☐ Addition
6. NAME	
6. STREET ADDRESS	
6. CITY, ST, ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.02(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my separation shall leave this name legal office and I make 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 190, Florida Statutes and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE:

Chanderdai Bhagoo

C. BHAGOO

4/13/95

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Signature Required