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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

**FILED** 

Jan 24 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

1997

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DOCUMENT # P9400060222 (4)

THE MU	ON AND ME, INC.							
Principal Place	of Business	Mailing Address			-{	DIN <b>dom b</b> ini obio il <b>om</b> in	#C	
61 S.E. 1ST AVE		-61-8.E. 1ST AVE						
		BOGA RATON FL 00432-4836	836					
					3. Date incorporated or Qualified 08/11/1994	3a. Date of Last 6	Report	
		2a, Mailing Address 26 271 Via	771 15. 11 12.		4, FEI Number 65-0509096	<del>  </del>	pplied For lot Applicable	
Suite, Apt #, etc		Surte, Apt. #, etc.			5. Certificate of Status Desired	□ \$8.75	Additional Required	
O	ics Roton FL	City & State  28 Soca Zart	ón Fl		6. Election Campaign Financing	\$5.00	May Be	
Zip _	Country	Zip	Country		Trust Fund Contribution  8. This corporation has liability for			
334	132 25 USA	29 33432 3	/ <b>&lt;</b>	A	Florida Statutes	Yes XNo	3. 100.002,	
	9. Name and Address of Current	Registered Agent			10. Name and Address of New F	tegistered Agent		
	OFF, RONI	CORT	<b>81</b> Na	ame				
	E 19T AVE	CORT IA ROSADA #41	<b>82</b> Str	82 Street Address (P.O. Box Number is Not Acceptable)				
BOCA RATON FL 33432				83				
			<b>84</b> Cit			FL	Code	
office or re	o the provisions of Sections 607,0502 egistered agerit or both, in the State on Infamiliar with, and accept the obligat	of Florida. Such change was aut	thorized by the	ned corpo corporation	oration submits this statement for the on's board of directors. I hereby acc	purpose of changing ept the appointment as	its registered s registered	
SIGNATURE	Signature, typed or printed name of registered agent	t and trip if anolicable (NOTE: I	Registered Agent sig	natura require	ad when reinstating)	DATE		
12.	OFFICERS AND		13.	Bis	ADDITIONS/CHANGES TO OFF		RS IN 12	
TITLE	PO	DELETE	1.1 TITLE			Change	Addition	
NAME	LEFEART, RONI		1.2 NAME	4	EFCORT, ROW			
STREET ADDRESS	3069 NE 25TH TERR		1.3 STREET ADDR	ESS	,			
CITY-ST-ZIP	BOCA RATON FL	T Arter	1.4 CITY-ST-ZIP				1.100	
TITLE	VPD LEFCORT, LEONA	☐ DELETE	2.1 TITLE	1		☐ Change	Addition	
NAME STOREL ADDRESSE	ACTA OO OOCAN DUW		2.2 NAME					
STREET ADDRESS	PALM BEACH FL		2.3 STREET ADOR	·	ı			
CITY-S1-ZIP TITLE	STD	DELETE	2.4 CITY-ST-ZIF	<del>'</del>		Change	Addition	
NAME	LEFCORT, ROBERT					tand serving		
STREET ADDRESS	3069 NW 25TH TERR		33 STREET ADDR	IESS				
CITY-ST-ZIF	BOCA RATON FL		3 4. CITY-ST-ZIF					
TITLE		☐ DELETE	41 TITLE			☐ Change	☐ Addition	
NAME			4. 2 NAME					
STREET ADDRESS			4.3 STREET ADDR	RESS				
CITY-ST-ZIP			4.4 CITY - ST - ZIP	, <u> </u>				
TITLE		DELETE	5.1 TITLE			☐ Change	☐ Addition	
NAME			5.2 NAME					
STREET ADORESS			5.3 STREET ADDR	ESS	:			
CITY-ST-ZIP			5.4 CITY - ST - ZIP		······································			
TITLE		☐ DELETE	6.1 TITLE			L Change	Addition	
NAME			6.2 NAME					
STREET ADDRESS			6.3 STREET ADD	IESS				
City-St-ZiP			6.4 CHY-ST-ZIP		440 001000 51 11 00	4		
information	by certify that the information supplied in indicated on this annual report or su ficer or director of the corporation or in Block 12 or Block 13 if changes, or	upplemental annual eport is true	e and accurate	and that	my signature shall have the same le	gal effect as if made u a Statutes; and that my	inder oath; that	