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FILED
Apr 15 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P94000069370 (2)
1. Corporation Name
MOUNTINGS, ETC. INC.

Principal Place of Business

16400 COLLINS AVE
APT 845
N MIAMI BEACH FL 33160
US

Mailing Address

16400 COLLINS AVE
APT 845
N MIAMI BEACH FL 33160
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/21/1994

4. FEI Number

NOT APPLICABLE

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes

☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 1080-94TH STREET

Suite, Apt. #, etc.

27 APT. 106

28 City & State

28 BAY HARBOUR ISLAND, FL

29 Zip

29 33154

30 Country

30 U.S.

9. Name and Address of Current Registered Agent

COHEN, ISAAC
16400 COLLINS AVE.
#845
N MIAMI EBHAC FL 33160

10. Name and Address of New Registered Agent

81 Name

COHEN, ISAAC

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

1080-94TH STREET

83

APT. 106

84 City

BAY HARBOUR ISLAND

85

Zip Code

33154

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 reinstating)

DATE

APR. 11, 1998

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE

D

NAME

COHEN, ISAAC

STREET ADDRESS

245 POINCIANA ISLAND DR.

CITY - ST - ZIP

NORTH MIAMI BEACH FL 33160

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

LE

ME

REET ADDRESS

TY - ST - ZIP

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REET ADDRESS

TY - ST - ZIP

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REET ADDRESS

TY - ST - ZIP

LE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

14. 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 appointment with an address.

SIGNATURE:

APR 11, 1998 (305) 867-1326

CR2E034 (10/97)