

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

DOCUMENT # **P94000071399 (7)**

1. Corporation Name

MIRAGE ENTERPRISES, INC.

Principal Place of Business

**4286 N SHADE AVE
SARASOTA FL 34239**

Mailing Address

**4286 N SHADE AVE
SARASOTA FL 34239**

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

3. Date Incorporated or Qualified

09/26/1994

3a. Date of Last Report

4. FBI Number

65-0525256

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 has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**FETTERMAN, JAMES C
2375 S TAMAMI TRAIL
SARASOTA FL 34239**

10. Name and Address of New Registered Agent

81 Name

Alisa A. Smiley

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

4266 N Shade Ave

83

84 City

Sarasota

FL

85 Zip Code

34239

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

Alisa A. Smiley

Signature, typed or printed name of registered agent and fee if applicable

DATE Registered Agent signature required when registering

DATE

4-28-95

12. OFFICERS AND DIRECTORS

TITLE

D

NAME

SMILEY, ALISA A

STREET ADDRESS

4286 N SHADE AVE

CITY - ST - ZIP

SARASOTA FL 34234

TITLE

D

NAME

SMILEY, STEVEN W

STREET ADDRESS

4286 N SHADE AVE

CITY - ST - ZIP

SARASOTA FL 34234

TITLE

D

NAME

FETTERMAN, JAMES C

STREET ADDRESS

2375 S TAMAMI TRAIL

CITY - ST - ZIP

SARASOTA FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

☐ Change ☐ Addition

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 110.07(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 signature shall have the same legal effect as if made under oath, that I am an officer or director of this corporation or its 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:

Alisa A. Smiley

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

January 26, 1995

(813) 335-2486

Date

Telephone