FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 PM 1:31

DOCUMENT # **P94000087268 (6)**

1. Corporation Name
OLE MILL EMPORIUM LIMITED, INC.

Principal Place of Business	Mailing Address
1196 NW 89TH DRIVE CORAL SPRINGS FL 33071	1196 NW 89TH DRIVE CORAL SPRINGS FL 33071

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/01/1994
3a. Date of Last Report: NA

2. Principal Place of Business
21: NA
Suite, Apt #, etc. 22: NA
City & State 23: NA
Zip 24: NA Country 25: U.S.A.

2a. Mailing Address
26: NA
Suite, Apt #, etc. 27: NA
City & State 28: NA
Zip 29: NA Country 30: U.S.A

4. FEI Number: 65-0533490 ☐ 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

BACH, ALLAN
1196 NW 89TH DRIVE
CORAL SPRINGS FL 33071

10. Name and Address of New Registered Agent

01 Name: BACH, ALAN
02 Street Address (P.O. Box Number is Not Acceptable): NA
03: NA
04 City: NA FL 05 Zip Code: NA

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: Allan R Bach VP — DATE: 3-30-95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	BACH, BARBARA W	12 NAME	
STREET ADDRESS	1196 NW 89TH DRIVE	13 STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS FL 33071	14 CITY-ST-ZIP	
TITLE	VICE PRESIDENT	21 TITLE	☐ Change ☐ Addition
NAME	BACH, ALAN	22 NAME	
STREET ADDRESS	1196 N.W. 89th DRIVE	23 STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS, FL. 33071	24 CITY-ST-ZIP	
TITLE	SECRETARY	31 TITLE	☐ Change ☐ Addition
NAME	TAMMI E. BACH	32 NAME	
STREET ADDRESS	3100 S.W. 35th PLACE #6D	33 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE, FL. 32608	34 CITY-ST-ZIP	
TITLE	TREASURER	41 TITLE	☐ Change ☐ Addition
NAME	JAME A. BACH	42 NAME	
STREET ADDRESS	3100 S.W. 35th PLACE #6D	43 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE, FL. 32608	44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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 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 hereinabove, or on an attachment with an address.

SIGNATURE: Barbara W. Bach — 3-30-95 — (305) 753-2866
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
BARBARA W. BACH

0114004 CP