

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P95000007315 (1)

1. Corporation Name

MR. POTTERY AT FASHION MALL, INC.



Principal Place of Business

Mailing Address

2222 PONCE DE LEON BOULEVARD  
SUITE-303  
CORAL GABLES FL 33134

2222 PONCE DE LEON BOULEVARD  
SUITE-303  
CORAL GABLES FL 33134

2. Principal Place of Business

2a. Mailing Address

21 1983 Tigertail Boulevard  
Suite, Apt. #, etc.

26 1983 Tigertail Boulevard  
Suite, Apt. #, etc.

22 City & State

27 City & State

23 Dania, Florida

28 Dania, Florida

Zip

Country

Zip

Country

24 33004

25 US

29 33004

30 US

9. Name and Address of Current Registered Agent

BAUMAN, BRYAN W-ESQ.  
2222 PONCE DE LEON BOULEVARD  
SUITE-303  
CORAL GABLES FL 33134

3. Date Incorporated or Qualified

01/24/1995

3a. Date of Last Report

4. FFI Number

65-0561205

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

10. Name and Address of New Registered Agent

81 Name

ALTSHULER, LANNY

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

1983 TIGERTAIL  
BLVD.

83

84 City

DANIA FL

85

Zip Code 33004

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 607.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and date of application

(Initials) Registered agent's signature required when not satisfied

1/24/96

(Date)

12. OFFICERS AND DIRECTORS

1. IF ☐ DELETE

D  
NAME ALTSHULER, LANNY  
STREET ADDRESS 1983 TIGERTAIL BOULEVARD  
CITY-STATE-ZIP DANIA FL 33004

2. IF ☐ DELETE

NAME  
STREET ADDRESS  
CITY-STATE-ZIP

3. IF ☐ DELETE

NAME  
STREET ADDRESS  
CITY-STATE-ZIP

4. IF ☐ DELETE

NAME  
STREET ADDRESS  
CITY-STATE-ZIP

5. IF ☐ DELETE

NAME  
STREET ADDRESS  
CITY-STATE-ZIP

6. IF ☐ DELETE

NAME  
STREET ADDRESS  
CITY-STATE-ZIP

13

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-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)(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 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 attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LANNY ALTSHULER

2/24/96

954-920-0755

CR2E034 (12/95)