PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000051264

223 MAMIE'S PLACE INCORPORATED

FILED May 08, 1999 8:00 am Secretary of State

05-08-1999 90009 031 ***150.00



Principal Place of Business Mailing Address						7	1 10011001 110 10101 6111 60111		TITOL HELD HOLD	E1111 0181 1001
16906 S.W. 113TH COURT MIAMI FL 33157		16906 S.W. 113TH COURT MIAMI FL 33157				DO NOT WE	FC IN THE	CDACE		
							DO NOT WRI	E IN THIS	SPACE	
						1 .	Date Incorporated or Qualifed 06/30/1995			
0 8		2a. Mailing Address					El Number		An	plied For
2. Principal Pl		iddress				65-0596678		H	t Applicable	
Suite, Apt.	# etc	Suite Apt # etc	Suite, Apt. #, etc.			+-	00 000010		\$8.75 A	
22	, , 610.	27	7 ' ' '			5. (Certifcate of Status Desired		Fee Re	1
City & State		City & State				6. 6	Election Campaign Financing		\$5.00	May Be
23		28					Trust Fund Contribution		Added to	
Zip	Country	Zip	Соип	ıtry		8. 1	This corporation owes the curre	ent year Inf		
24	25	29 30)			F	Personal Property Tax.		Yes	□No
	9. Name and Address of Current	Registered Agent				10.	Name and Address of New R	egistered	Agent	
I/IAI/C	A AAA DAY A			81	Name					
KING, MARY A			1	82	Street Addre	ess (P.0	O. Box Number is Not Accepta	ble)		
16906 S.W. 113TH COURT						,				
MAIM	AI FL 33157		1	83						1
			- 1	84	City				85 Zip C	Code
				1	•			FL		
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		<u> </u>	\gent s	signeture required			DATÉ	ID DIRECTO	DC IN 12
12.	OFFICERS ANI	D DIRECTORS	13.	r	Т	A	DDITIONS/CHANGES TO OF	-ICERS AI	Change	Addition
TITLE	D NING MADY A				·				vg.	
NAME	KING, MARY A 16906 S.W. 113TH COURT		1.2 NAW		000500					
STREET ADDRESS					DORESS					
CITY-ST-ZIP	MIAMI FL 33157	☐ DELETE	1.4 CITY-5 2.1 TITLE		ZIP				Change	Addition
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NAME	16906 S.W. 113TH COURT		2.3 STREE		DODECC					
STREET ADDRESS	riving si pojes		2.4 CIT		1					
CITY-ST-ZIP TITLE			3.1 TITL		ZIF				Change	Addition
NAME	KING, SHARON L ESQ.		3.2 NAME							
STREET ADDRESS	16906 S.W. 113TH COURT		3.3 STREE		DORESS					
CITY-ST-ZIP	MIAMI FL 33157		3.4. CIT							
TITLE	110 041 (2 00 10)	☐ DELETE	4.1 TITL						Change	☐ Addition
NAME			4. 2 NA	ME						}
STREET ADDRESS			4.3 STR	REETA	DORESS					
CITY-ST-ZIP			4.4 CITY							
TITLE		☐ DELETE	5.1 TITL						Change	Addition
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STREET ADDRESS			5.3 STR	REETA	DORESS					
CITY-ST-ZiP			5.4 CITY	Y-ST-2	ZIP					
TITLE		☐ DELETE	6.1 TITL	E					☐ Change	Addition
NAME			6.2 NAM	ΝE						
STREET ADDRESS			6.3 STR	REETA	DDRESS		•			
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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 attachment with an address, with all other like empowered.

ER OR DIRECTOR