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

PROFIT CORPORATION ANNUAL REPORT



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

MINI	NOAL	ULL	\cup
	19	96	

DOCUMENT # P9500054353 (4)
1. Corporation Name

MENTAL FARCE, INCORPORATED

Principal Place	of Business		aling Address										
PO BOX 223 HOLLYWOOI	324 6		PO BOX 223246 HOLLYWOOD FL 33X)22									
								3. Date Incorporated or 07/10/1995	Qualified	3a . Da	ate of Last	Report	
2. Principal Pla	ice of Business	F 1	Mailing Address					4. fEl Number				Applied	
21		26						65-062319				Not Ap	
Suite, Apt. #	F, G IC.	27	Suite, Apt. #, etc					5. Certificate of Status I	Desired			5 Additi Require	
City & State			City & State					6. Election Campaign F	nancino		· · · · · · · ·		
23		28	5.1, 6 Q					Trust Fund Contribut	-			00 May led to Fe	
Zψ	Country		Zφ	Co	untry	,		8. This corporation has		intangible			
24	25	29		30				Florida Statutes		□No			,
	9. Name and Address of Current	Regis	lered Agent		J,			10. Name and Address	of New F	legistere	d Agent		
					81	^	lame						
	I, JACK A				82	s	treet Addre	ess (P.O. Box Number is No	t Acceptat	Ho)			
ľ	W 49TH STREET												
SUITE 6					83								
FILMU	DERDALE FL 33309				84	C	ity		• • • • • • • • • • • • • • • • • • • •		85 4	Zip Code)
11 Pursuant to	o the provisions of Sections 607.0502 a	and 600	7 1509 Florida Stoba	tos the ek	01/0 /	l	ad some	alice of the Burney of the server		r	L		
or registers	ed agent, or both, in the State of Florida	uStrah	richange was authoriz	zea by the	carp	ora	tion's board	ation submits this statement d of directors. Thereby acce	for the pur opt the app	pose or c ontment :	manging its as registere	registen ad agant.	есгольсе . Гает
familiar with	n, and accept the obligations of, Section	n 607.0	J505, Florida Statute:	S.									
SIGNATURE _	Signature: Typed or presed caller of registered ask is a	of tile sta	tamata (N	OH Bounden	n Aire	d Sal	isat die testeiter	when femal time:		DA1E			
12.	OFFICERS AND			13				ADDITIONS/CHANGE			ND DIRECT	ORS IN	12
TITLE	PD		DELETE	1.1	T:TLE]				Change	A	Addition
NAME	HOPFMANN, GARY			1.2	SMAZ								
STREET ADDRESS	616 N EDWIN STREET			13	STREE I	AD[RESS						
CiTy - ST - ZiP	HOLLYWOOD FL 33020			1.4	OITY - S	SF - ZI	F						
TITLE	VTD		DELETE	2 1	TITLE						☐ Change	A	Addition
NAME.	FILLMORE, RONALD			22	NAME								
STREET ADDRESS	9064 COLLINS AVE, APT 3			2 3	STREET	ADE	RESS						
CITY-ST-ZIP	SURFSIDE FL 33154			2.4	CITY-S	1 - ZI	P						
TITLE	VSD		☐ DELETE	3 1	31116						Change	A	Addition
NAME	DOLAN, ARNOLD			3?	VAME								
STREET ADDRESS	1421 NW 45TH CT, APT 6			3 3	STREET	I ADI	DRESS						
CITY-ST ZIP	POMPANO BEACH FL 33064		C Driett		<u> </u>	ij - 7 <u>i</u>	<u> </u>						L I Par
TITLE			DELETE	1	TITLE						☐ Change	∐ A	Addition
NAME CARGET ADDRESS					NAME								
STREET ADDRESS					STREET		1						
CITY-ST-ZIP TITLE		- • · ·	DELETE.		CHTY - S THTLE	1 - 21	F				☐ Change		Addition
NAME			L beer it	1	NAME						FT Change	<u>.</u> "	NOTION.
STREET ADORESS					MAINE STREET	ΔD/	IRESS						ı
CITY-ST-ZIF					orneer CHTY - S		1						
TIFLE			DELETE		TITLE	4([] Change	A	Addition
NAME					NAME							.	
STREET ADDRESS					****** S*R££1	ΑDΩ	IPESS						
CITY - ST - ZIP					CITY S								

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)(k), 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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or on an attachment with an address

SIGNATURE:

SIGNATURE AND TYPED OR STATED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/96.

Dayte at Photos #

CR2E034 (12/95