FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000065417

Principal Place of Business

MARY'S MIRACLE RESTAURANT INC

	SDACE	WRITE IN THIS SE	DO NOT WO			10203 HWY 92 E TAMPA FL 33610			0203 HWY 92 E
	SPACE							•	AMIN'TE OBOTO
		illed	3. Date Incorporated or Qualifed 08/23/1995						
olied For	Appli	 	4. FEI Number		dress	2a. Mailing Add		78	
Applicable	Not /	•	59-3354252		u1633			ace of Business	2. Principal Pla □
dditional	\$8.75 Ad	🗆		·	#. etc.	Suite, Apt.		u oto	0.4-0-4
quired	Fee Requ	red 🗆	5. Certifcate of Status Desired		,	27		ŧ, etc.	Suite, Apt. #
May Be	\$5.00 M	icing	6. Election Campaign Financing		te	City & State			City & State
Fees	Added to		Trust Fund Contribution			28		•	n í
	angible	e current year Intan	8. This corporation owes the cur	Country		Zip	Country		Zip
□No	XX Yes		Personal Property Tax.	o	30	29	,	25	- ·
	Agent	lew Registered Ar	10. Name and Address of New				Address of Current		
				81 Name					
, :	.	cceptable)	ess (P.O. Box Number is Not Accept	82 Street Add			A B	ISHAW, DEBR	CREN
<u></u>	<u></u>		ess (1 .O. Dox Hamber to reteriore)	62 Street Add				3 HWY 92 E, l	
		明 智 國際新疆	1. 机自用 4. 机燃料	83				PA FL 33610	TAME
ode (133)	85 Zip Co	The South State of the British	· 自己 医抗性疾病 数据						
,000	_ 65 210 00	FL		84 City					
registered	changing its re	or the purpose of ch	oration submits this statement for the	the above-named cor	orida Statutes	502 and 607 1508 Flo	of Costions 607 0502		inca in
jistered	intment as regu	accept the appoint	on's board of directors. I hereby acce	norized by the corporal	ange was auth	te of Florida. Such cha	or both, in the State of	to the provisions egistered agent,	1: Pursuant i
				a Statutes.	17.0505, Florida	gations of, Section 60	and accept the obligation	m familiar with, a	agent. I ar
		DATE	d when reinstating)	egistered Agent signature requi	(NOTE: Pe	d site of conflicable			SIGNATURE
	ND DIRECTOR	O OFFICERS AND	ADDITIONS/CHANGES TO O	13.	(11012.713	AND DIRECTORS	inted name of registered agent a	Signature, typed or pri	
☐ Addition	☐ Change		20.00	1.1 TITLE	DELETE		OF TOERS AND	PD	2.
				1.2 NAME			DEDDA B		TLE
	14			1.3 STREET ADDRESS				CRENSHAW,	AME.
				1.4 CITY-ST-ZIP				10203 HWY	TREET ADDRESS
Addition	☐ Change			2.1 TITLE	DELETE		3010	TAMPA FL 3	ITY-ST-ZIP
*				2.2 NAME	•	_			ME
				2.3 STREET ADDRESS					IAME
				2.4 CITY-ST-ZIP					STREET ADDRESS
Addition	☐ Change			3.1 TITLE	DELETE				CITY-ST-ZIP
				3.2 NAME		-		ļ.,	ITLE
r de tok tokt≱t	وقررد والمعاد الجام			3.3 STREET ADDRESS					NAME
			The state of the s						TREET ADDRESS
Addition		10.13		3.4. CITY-ST-ZIP	DELETE				CITY-ST-ZIP
				4.2 NAME) pecere				TITLE
									NAME
		•	•	4.3 STREET ADDRESS					STREET ADORESS
Addition	Change			4.4 CITY-ST-ZIP	DELETE				CITY-ST-ZIP
	- -			5.1 TITLE 5.2 NAME	1 OCTE IE	ــا			TITLE
			•						NAME
+ 2			3					1,	STREET ADDRESS
☐ Addition	Change			- 1	T DELETE				CITY-ST-ZIP
. , —		•			T DETEIF	L			TITLE
	,		•						NAME
								1915	STREET ADDRESS
information	ertify that the in	atutes I further cert	Section 110 07(2)(i) Florida Statuta	u santa a state of the					
ne nat	ertify that th	atutes. I further cert	Section 119.07(3)(i), Florida Statutere shall have the same legal effect auried by Chapter 607, Florida Statute	5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP the exemption stated if at and that my signate equate this report as re-	DELETE	I with this filing does notal annual report is the	nformation supplied wit report or supplemental corporation or the recei- nanged, or on an attact	certify that the in	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 14. I hereby indicated

SIGNATURE:

FILED

Feb 11, 1999 8:00am

Secretary of State

02-11-1999 90013 050 ***150.00