

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P95000068646 (5)

1. Corporation Name

THE HONEY TREE, INC.

Principal Place of Business

Mailing Address

464 N.E. 55TH STREET  
MIAMI FL 33137

464 N.E. 55TH STREET  
MIAMI FL 33137



2. Principal Place of Business

2a. Mailing Address

21 5138 Biscayne Blvd

26 5138 Biscayne Blvd

Suite, Apt. #, etc

Suite, Apt. #, etc

22 City & State

23 Miami, FL

24 Zip Country

25 33137 USA

27 City & State

28 Miami, FL

29 Zip Country

30 33137 USA

9. Name and Address of Current Registered Agent

MORA, MICHELLE  
464 N.E. 55TH STREET  
MIAMI FL 33137

3. Date Incorporated or Qualified

09/05/1995

3a. Date of Last Report

4. FET Number

65-0604298

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

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

83

84 City

FL

85 Zip Code

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 of officer, principal registered agent, and state applicable

(MULTIPLE Registered Agent signature required when necessary)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
MORA, MICHELLE  
464 N.E. 55TH STREET  
MIAMI FL 33137

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13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change

☐ Addition

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

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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 trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Michelle Mora Michelle Mora

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-0-96

305-2591628

615

Day/Mo/Yr

CR2E034 (3/96)