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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000029992

MINI'S & MORE, INC.

Principal Place of Business

Mailing Address

250 SW STN COURT STE 3

FILED May 10, 1999 8:00 am Secretary of State

05-10-1999 90167 039 ***150.00



POMPANO BEA		POMPANO BEACH FL 33060			DO NOT WRITE IN THIS	S SPACE	=
					3. Date Incorporated or Qualifed		-
					04/05/1996		
2. Principal Pi	lace of Business	2a. Mailing Address			4. FEI Number	٨	Applied For
21		26		65-0657153	4	Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	/****			\$8.	75 Additional
22	.,	27			5. Certifcate of Status Desired	F	ee Required
City & State	e	City & State			6. Election Campaign Financing	\$5	.00 May Be
23		28			Trust Fund Contribution	Ac	ided to Fees
Zip	Country	Zip	Country		8. This corporation owes the current year Ir		
24	25	29 30	<u> </u>		Personal Property Tax.	☐ Yes	s 🗆 No
	9. Name and Address of Currer	nt Registered Agent			10. Name and Address of New Registered	Agent	
DOM	ALD D WALTEDS DA		81	Name			
	ALD R. WALTERS PA		82	Street Ad	dress (P.O. Box Number is Not Acceptable)		
2189 SE 9TH STREET POMPANO BEACH FL 33062							
FOIN	FANO BEACH PL 33002		83				
			84	City	FI	85	Zip Code
						e	na ita registerad
office or re	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was auth	orized by	the corpora	rporation submits this statement for the purpose of tion's board of directors. I hereby accept the appo	intment	as registered
SIGNATURE							
	Signature, typed or printed name of registered age			t signature requi	red when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	NO DID	ECTOPS IN 12
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A	☐ Ch	
TITLE	PSD	Deterc					2.30
NAME	WAGNER, CHARLES R		1.2 NAME 1.3 STREET				
STREET ADDRESS	250 SW 5TH COURT STE 3						
CITY-ST-ZIP	POMPANO BEACH FL 33060	☐ DELETE	1.4 CITY- S' 2.1 TITLE	I-ZIP		☐ Ch	ange
TITLE	TD CANDDA	- Occerc	2.1 HILE 2.2 NAME				,
NAME	FLINT, SANDRA	!					
STREET ADDRESS	250 SW 5TH COURT STE 3	į	2.3 STREET				
CITY-ST-ZIP	POMPANO BEACH FL 33060	□ DELETE	2.4 CITY-S 3.1 TITLE	T- ZIP		ПCh	ange Addition
TITLE		_ beech	3.2 NAME				
NAME			3.3 STREET	ADDOESS			
STREET ADDRESS					•		
CITY-ST-ZIP TITLE		DELETE	3.4. CITY-S 4.1 TITLE	1-2IF		☐ Ch	ange Addition
NAME			4.2 NAME			_	
STREET ADDRESS			4.2 TOWNE	ADDRESS			
CITY-ST-ZIP			44 CITY-S				
TITLE		☐ DELETE	5.1 TITLE	1-21		Ch	ange Addition
NAME			52 NAME			_	
STREET ADDRESS			53 STREET	ADDRESS			
CITY-ST-ZIP			5.4 CITY-S	T-ZIP			
TITLE		☐ DELETE	6.1 TITLE			Ch	ange
NAME		_	6.2 NAME				
STREET ADDRESS			6.3 STREET	ADDRESS			
CITY-ST-ZIP	The Mark of the State		6.4 CITY-S	T-ZIP			
UHT-SI-ZIP					0 6 440.07(0)() 51.34-0(-4-16-4-16-4-1		Aba information

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 informational 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 attackment with an address, with all other like empowered.

SIGNATURE:

Charles R. Waguer 4.2595