## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

**PROFIT** CORPORATION **ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000061946 (5)

MAI MINI MART INC.

APPROVED

97 AUG -7 AM 10: 01 SECRETARY OF STATE TALLAHASSEE, FLORIDA



Principal Place of Business Mailing Address						, reduiner une ratie etter enter aftit eftit ette fill (#5)				
1023 GREENBRIAR BLVD			1023 GREENBRIAR BLVD							
PENSACOLA FL 32514		P	PENSACOLA FL 32514							
							DO NOT WRITE IN THIS SPACE	_		
							3. Date Incorporated or Qualified 3a. Date of Last Report	ļ		
							07/22/1996			
2. Principal Place of Business			2a. Mailing Address				4. FEI Number Applied For			
1			26				58-2249752 Not Applicab	le		
Sulte, Apt. #, etc.			Suite, Apt. #, etc.				5. Certificate of Status Desired S8.75 Additional	ı		
2			27				Fee Required			
City & State			City & State				6. Election Campaign Financing \$5.00 May Be	-		
3			28				Trust Fund Contribution Added to Fees			
Zip	Country		Zip	C	ountry		8. This corporation owes or has paid the current year Intangible			
4	25 29 30				Personal Property Tax due June 30. 🗹 Yes 🔲 No					
9. Name and Address of Current Registered Agent					Ι_		10. Name and Address of New Registered Agent			
MAJ,	KIM H				81	Name	ne			
310 ARABIAN DR					82	Street Address (P.O. Box Number is Not Acceptable)				
PENSACOLA FL 32508			ļ°			Jueor	Address (P.O. Box Number is Not Acceptable)			
					83			ヿ		
	•							_		
					84	City	FL 85 Zip Code			
11. Pursuant	to the provisions of Sections 607 0502	and i	607 1508 Florida Statut	es the	ebove	e-named	ned corporation submits this statement for the purpose of changing its registere	ᆔ		
office or re	egistered agent, or both, in the State of	of Flor	ida. Such change was a	authoriz	ed by	the con	corporation's board of directors. I hereby accept the appointment as registered	۱ ٔ		
agent. I a	m familiar with, and accept the obligat	ions o	of, Section 607.0505, Flo	orida St	atutes	5.	- 00 07			
SIGNATURE	fumbioarden						7-25-97	_		
12.	Signifure, typed or printed name of registered agen OFFICERS AND			Hegiste		int signature	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	$\dashv$		
TITLE	OF FICENS AIND	DINE	DELETE		TITLE	6	PRESIDENT Change 4Addition	$\exists$		
				- E		•	KIM-HOA MAI	"		
NAME	<b>.</b>				13 STREET ADDRESS 310 ARABIAN DR					
STREET ADDRESS						1 0 1 0 1 0 1 0 1 0 1 0 1 0 1 0 1 0 1 0				
CITY-ST-ZIP	December 1									
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NAME				2.2	NAME		bune TRAN			
STREET ADDRESS				2.3	STREET	ADDRESS		-		
CITY-ST-ZIP				2.4	CITY-S	ST-ZIP	PENSALOLA, FL 32506	_]		
TITLE			☐ DELETE	3.1	TITLE '	r/S	TREASULER SECRETARY Change Baddition	'n		
NAME				32	NAME	•	LIEN MAI			
STREET ADDRESS				3.3	STREET	ADDRESS	AO 4 O 4 O 4 O 4			
CITY-ST-ZIP				3.4	CITY - S	ST-ZIP	PENSACOLA, FL 32506	1		
TITLE	<u> </u>		DELETE		TITLE		Change Addition	'n		
NAME				4.2	NAME	£	10000226477122	Į		
STREET ADDRESS						ADDRESS	-08/12/9701071004			
STREET PUDDICESS				4.3	OINCE	กมมาเจอ	~! ****185.00 ****185.00	- 1		

14. I do 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 ennual 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.

SIGNATURE:

2-25-97

(85) 424-6200

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY - ST - ZIP

44 CITY-ST-ZIP

51 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

DELETE

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

NAME

Change

Change Addition

☐ Addition