PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P96000087950 1. Corporation Name

THE MICKEY STORE, INC.

FILED Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90047 020 ***150.00



Principal Place	e of Business	Maili	ng Address				4 INTERNATION OF ANY AND ADDRESS OF STATE OF	48 111 58 11	· · · · · · · · · · · · · · · · · · ·	*** ***********************************	r:#: ##	** \$\$11 1967	
7131-2 US HIGHWAY 19		71314	7131-2 US HIGHWAY 19										
NEW PORT RICHEY FL 34652		NEW	PORT RICHEY FL	34652			DO NOT WRITE IN THIS SPACE						
							3. Date Incorporated or Qua		11133				ı
							10/24/1996	ilica					(
3 Delegion Di	loss of Business	1 22 1	Mailing Address				4. FEI Number				Appli	ed For	
2. Principal Place of Business		26	naming Address				59-3407867					pplicable	
Suite Ant	# etc		Suite, Apt. #, etc.							\$8.75			
Suite, Apt. #, etc.		27					5. Certificate of Status Desire	ed 🗆			Requ		
City & State			City & State				6. Election Campaign Finance	ing _		\$5.0	0 м	av Be	
23		28					Trust-Fund-Contribution>	- 11		Adde	d to l	ees=	ļ.s.
Zip	Country	Z	Zip Country			8. This corporation owes the	current ye	ear Intar	ngible		_	İ	
24	25	29		30			Personal Property Tax.		[Yes		No	1
	9. Name and Address of Curren	ıt Registe	red Agent		Ţ,		10. Name and Address of N	ew Regis	tered A	gent			1
4.4.00	DU ANDED OLIADIEDED				81	Name	•						
	RILAWYER CHARTERED				82	Street Ad	idress (P.O. Box Number is Not Ac	ceptable)					1
	ALMERIA AVENUE												1
CUR	IAL GABLES FL 33134				83								ì
	•				84	City				85 Z	ip Co	de	1
•						_			FL	<u> </u>	••		
11. Pursuant	to the provisions of Sections 607.050, egistered agent, or both, in the State	2 and 607	1508, Florida Stat Such change was	tutes, the	above	e-named co	orporation submits this statement fo ation's board of directors. I hereby a	r the purpo accept the	ose of cl appoint	nanging ment as	regis	gisterea tered	
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agent. I ar	m familiar with, and accept the obligat	itions of, S	ection 607.0505, F	Florida Sta	tutes	the corpora	•	•			_		
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CITY-ST-ZIP 14. 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 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 607. Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: