## 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** 

P96000101207 (4) **DOCUMENT #** 

1997 JUL 30 PM T:

SECRETARY OF STATALLAHASSEE. FLOI

MIXED	BAG, INC.					
	e of Business	Mailing Address			- 1 13811381 81 <b>4 13</b> 11 <b>0 0</b> 1441 <b>08</b> 161 <b>08</b> 161 <b>0</b>	DION TIEN DENDY ALBIN THEN DONN 1001 1901
279 MIZNER BLVD., SE 279 MIZNER BLVD., SE						
BOCA RATO		BOCA RATON FL 33432			DO NOT WRITE	EIN THIS SPACE
3400	w. sample Rd #52	*5	Same		3. Date Incorporated or Qualified	3a. Date of Last Report
Pomp	and 18th, FL 33077	-3026			12/16/1996	<u>'</u>
2. Principal P	Place of Business	2a. Mailing Address			4. FEI Number 165 071	3695 Applied For
21 2400	W. Sample Rd	26			63-1	Not Applicable
Suite, Apt. 22 # 5	#, e1c. 3245	Suite, Apt. #, etc.	·		5. Certificate of Status Desired	\$8.75 Additional Fee Regulred
City & Stat	1	City & State			6. Election Campaign Financing	\$5.00 May Be
23 /Dm	POROBOL FL 33073	<b>28</b> Zip	Country	<del></del>	Trust Fund Contribution	Added to Fees
24			30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No	
	9. Name and Address of Current		1001		10. Name and Address of New Re	
CA	APUTO, JACKIE		81	Name		
	87 PARK PLACE CIRCLE		82	Street Addre	ess (P.O. Box Number is Not Acceptate	ole)
80	OCA RATON FL 33486		83		<del> </del>	
			84	City		85 Zip Code
44 5		A CORP AS CO. F		'		
office or i agent. I a	to the provisions of Sections 607.0502 registered agent, or both, in the State am familiar with, and accept the obligation familiar with and accept the obligations.	e and 607.1508, Florida Statut of Florida. Such change was tions of, Section 607.0505, Fl	ies, the above authorized by orida Statutes	e-named corpo / the corporations: s.	oration submits this statement for the pon's board of directors. I hereby accept	ourpose of changing its registered of the appointment as registered
SIGNATIONE	Signature, typed or printed name of registered ager			ant signature require	ed when reinstating)	DATE
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFIC	
TITLE	PD Caputo, Jackie	DELETE	1.1 TITLE			L Change L Addition
NAME STREET ADDRESS	5287 PARK PLACE CIRCLE		1.2 NAME	APPRECO		
	BOCA RATON FL 33486		1.3 STREET 1.4 CITY - S	1		
CITY-ST-ZIP TITLE	VO DELETE		2.1 TITLE	11-21P		Change Addition
NAME	FELDMAN, SUSAN	<del></del> .	2.2 NAME			
STREET ADDRESS	21278 PURPLE SAGE LN.		2.3 STREET	ADDRESS		
CITY-ST-ZIP	BOCA RATON FL 33428		2 4 CITY-5	ST - ZIP	9000022	2575790
TITLE			3.1 TITLE		-087057	3 ( U Welfarge U BAddition
NAME	CAPUTO, VINCENT		3.2 NAME		****16	S.00
STREET ADDRESS	5287 PARK PLACE CIRCLE		3.3 STREET	ADDRESS		·
CITY-ST-ZIP			3.4. C/TY - S	ST-ZIP		
TITLE		DELETE	4.1 TITLE			☐ Unange ☐ Addition
NAM.			4. 2 NAME			
STREET ADDRESS			4.3 STREET			
CITY-ST-ZIP TITLE			4.4 CITY - S 5.1 TITLE	I-ZIP		Change
NAME		L. Peccie	5.1 HILE 5.2 NAME			ET comitto
STREET ADORESS			5.3 STREET	ADDRESS		
CITY-ST-ZIP			5.4 CITY - S			
TITLE			6.1 TITLE	. =1"		Change Addition
NAME			6.2 NAME			ا من لاکه
STREET ADDRESS			6.3 STREET	ADDRESS		1 1 (Calabia)
			I			

14. I do hereby certify that the information supplied with this filling 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.

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