-6167 C AFTER MAY 1ST IS \$550.00

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT # P97000077111 (7) MUSHROOM PLACE, INC.

Principal Place of Business 903 SUNRISE LANE FORT LAUDERDALE FL 33304

2. Principal Place of Business

903 SUNRISE LANE FORT LAUDERDALE FL 33304

Mailing Address

20. Mailing Address

FILED May 01 1998 8:00am Secretary of State

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DO NOT WRITE IN THIS SPACE

Applied For

3. Date Incorporated or Qualified 09/04/1997

3/3/198

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	Suite, Apt. #, etc.				1	Suite, Apt. #, etc.							\$8.75 A	Additional
22					27					5. Certificate of S	Status Desileti		Fee Re	quired
	City & State				Τ	City & State	<u> </u>			6. Election Camp	paign Financing)	\$5.00	May Be
23					28					Trust Fund Co	entribution		Added to	
	Zip		Country		Ţ	Zip		ountry		B. This corporation	on owes or has	paid the cu	rrent year Inta	angible
24		25			29		30			Personal Prop	erty Tax due Je	une 30.	🗌 Yes 🗷	No
	9. Name	and	Address c	of Current	Regis	tered Agent				10. Name and Ac	idress of New	Registered	Agent	
	JOUMAA, SA	DEK	M					81	Name	EK Jour				Ī
	3670 N. 56TI	I AV	ENUE					62	Street Add	ress (P.O. Box Number	or in Not Assor	table)		———i
	APT. 751-94		_					02	3690	2 N 86	AU	APT	-9V 1	
	HOLLYWOOD	FL	33021					83						
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								84	City	uywood		FL	85 Zip C	Code
11	Pursuant to the provis	sions	of Sections	607 0502	and F	07 1508 Florida St	atiltes the	abovi	-named cou	noration submits this	statement for th		of changing its	s registered
• • • •	office or registered as	gent,	or both, in	the State o	f Flori	da. Such change w	as authori	zed by	the corpora	tion's board of directo	ors. I hereby ac	cept the app	pointment as	registered
	agent. I am familiar w	iin, e	and accept	the obligat	ions o	f. Section 607.0505	i, Florida S	itatute	S.					
SIC	SIGNATURE Signature, typed or product name of registrant eyest and blird approache (NOTE: Registered Agent signature required when reinstating) DATE													
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14.	I hereby certify that the	ne int	formation su	ipplied with	this	filing does not quali	ify for the	exemp	tion stated in	Section 119.07(3)(i),	Florida Statute	s. I further o	ertify that the	information
	officer or director of the	he co	orporation o	r the receiv	10 10V	trustee empowered	accurate l to execu	ยกa (ก le this	ai my signati report as req	ure shall have the sam juired by Chapter 607	ie iegal effect a , Florida Statuti	as if made ur es; and that	nder oath; tha my name apr	atiam an Dears in
	Block 12 or Block 13	if ch	anged √r g	n an altach	ment	with an address.					<i>(</i>	•		1
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