

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

FILED
Apr 30 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000088159 (3)

1. Corporation Name
MUM ART, INC.

Principal Place of Business

Mailing Address

411 2ND AVE., NE, STE. 620
ST. PETERSBURG FL 33701

411 2ND AVE., NE, STE. 620
ST. PETERSBURG FL 33701



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/13/1997

4. FEI Number

59-3475764

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 918 HARBOUR HOUSE DR.

26 918 HARBOUR HOUSE DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 INDIAN ROCKS BEACH

City & State

28 INDIAN ROCKS BEACH

Zip

24 33785

Country

25 FLORIDA

Zip

29 33785

Country

30 FLORIDA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~KEATON MARINE~~
~~114 2ND AVE., NE, STE. 620~~
~~ST. PETERSBURG FL 33701~~

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 INDIAN ROCKS BEACH

84 City

85 FL

86 Zip Code

33785

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *Doris M. McVay*
Signature, typed or printed name of registered agent, not in if applicable

Doris M. McVay
(NOTE: Registered Agent signature required when reinstating)

4/26/98
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME D MCVAY, DORIS

STREET ADDRESS 411 2ND AVE., NE, STE. 620

CITY - ST - ZIP ST. PETERSBURG FL 33701

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

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STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change ☐ Addition

918 HARBOUR HOUSE DR
IND. ROCKS BEACH, FL 33785

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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.

SIGNATURE: *Doris M. McVay*

4/26/98 813-595-0781

CR2E034 (10/97)