


FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90074 020 ***150.00

| | | | |
|--|--|--|--|
| PROFIT CORPORATION ANNUAL REPORT 1999 | |  FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS | |
| DOCUMENT # P97000108587 1. Corporation Name MRS. MOBILITY, INC. | | | |
| Principal Place of Business 2599 WATERFALL DRIVE SPRING HILL FL 34608 | | Mailing Address 2599 WATERFALL DRIVE SPRING HILL FL 34608 | |
| 2. Principal Place of Business 21 2130 Mariner Blvd Suite, Apt. #, etc. 22 City & State 23 Spring Hill FL Zip 24 34609 Country 25 USA | | | |
| 2a. Mailing Address 26 2130 Mariner Blvd Suite, Apt. #, etc. 27 City & State 28 Spring Hill FL Zip 29 34609 Country 30 Hernando | | | |
| 3. Date Incorporated or Qualified 01/02/1998 | | | |
| 4. FEI Number 59-3491066 | | | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | | | |
| 8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| 9. Name and Address of Current Registered Agent PAPPERT, GWYNETH 2599 WATERFALL DRIVE SPRING HILL FL 34608 | | 10. Name and Address of New Registered Agent 81 Name Tami Zmyj 82 Street Address (P.O. Box Number Not Acceptable) 83 2383 Sutton PL 84 City Spring Hill FL 85 Zip Code 34608 | |
| 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 Tami Zmyj DATE 5/14/99 <small>Signature, typed or printed name of registered agent specified if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | |
| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D <input type="checkbox"/> DELETE ZMYJ, TAMI L 317 HOLLOW OAK COURT SPRING HILL FL 34609 | 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP | D, P, S, T 2383 Sutton Place Spring Hill FL 34608 D, VP |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D <input type="checkbox"/> DELETE PAPPERT, GWYNETH 2599 WATERFALL DRIVE SPRING HILL FL 34608 | 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> DELETE | 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> DELETE | 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> DELETE | 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> DELETE | 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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, with all other like empowered.

SIGNATURE: **Tami Zmyj**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)