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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000046895

1. Corporation Name

THE MILDRED UNLIMITED, CORP.

Princ	ipal	Pla	ce of	Business
15986	NW	27	AVE	

OPA LOCKA FL 33054

Mailing Address

15986 NW 27 AVE OPA LOCKA FL 33054

FILED May 10, 1999 8:00 am Secretary of State

05-10-1999 90010 004 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Zip Country Zip Country Zip Country Zip Country Solution Solution Solute, Apt. #, etc. City & State Solution City & State Solution City & State Solution Country Solution Solution Solution Solution Added to Status Desired Fee Rec Solution Fee Rec Solution Fee Rec Solution Added to Status Desired Fee Rec Solution For Rec Solution Solution Solution Solution Added to Status Desired Fee Rec Solution For Rec Solution For Rec Solution Solution Solution Solution For Rec Fee Rec Solution For Rec Solution For Rec For Rec Solution For Rec For Rec For Rec Solution For Rec For Rec Solution For Rec F	uired May Be D Fees No
Suite, Apt. #, etc. Suite, Apt. #, etc. 27	dditional quired May Be Dispersion Fees No Code
27 City & State City & State City & State City & State Zip Country Name and Address of Current Registered Agent 9. Name and Address of Current Registered Agent GREEN, CLEOMIE 15760 NW 27 CT. OPA LOCKA FL 33054 5. Certifcate of Status Desired Fee Rec Fee Rec City & State City & State Country St. Certifcate of Status Desired Fee Rec City & State City & State Trust Fund Contribution Added to This corporation owes the current year Intangible Personal Property Tax. Yes Name St. Name Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Fee Rec Story Street Address (P.O. Box Number is Not Acceptable) Fee Rec City & State Added to Trust Fund Contribution Added to Street Address (P.O. Box Number is Not Acceptable) Fee Rec Street Rec Trust Fund Contribution Added to Street Address (P.O. Box Number is Not Acceptable) Fee Rec Trust Fund Contribution Added to Street Address (P.O. Box Number is Not Acceptable) Fee Rec Trust Fund Contribution Added to Street Address (P.O. Box Number is Not Acceptable) Fee Rec Trust Fund Contribution Added to Street Address (P.O. Box Number is Not Acceptable) Fee Rec Trust Fund Contribution Address of New Registered Agent Batterian Address of New Registered Agent Batterian Address (P.O. Box Number is Not Acceptable) Fee Rec Trust Fund Contribution Address (P.O. Box Number is Not Acceptable)	uired May Be D Fees No
City & State City & State 28 City & State 28 City & State 28 City & State 28 Country Country Zip Country 29 30 Personal Property Tax. Street Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip C	□ No Gode registered
Trust Fund Contribution Added to Zip Country 8. This corporation owes the current year Intangible Personal Property Tax. Yes 9. Name and Address of Current Registered Agent GREEN, CLEOMIE 15760 NW 27 CT. OPA LOCKA FL 33054 Trust Fund Contribution Added to Address of New Registered Intangible Personal Property Tax. Yes 10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 FL 85 Zip C	□ No Gode registered
Zip Country Zip Country 8. This corporation owes the current year Intangible Personal Property Tax. Yes 9. Name and Address of Current Registered Agent GREEN, CLEOMIE 15760 NW 27 CT. OPA LOCKA FL 33054 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 FL 84 City	code
9. Name and Address of Current Registered Agent GREEN, CLEOMIE 15760 NW 27 CT. OPA LOCKA FL 33054 Personal Property Tax. 10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 FL 85 Zip C	code
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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 roffice 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 regardent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and bite if applicable (NOTE: Registered Agent signature required when reinstating)	
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	RS IN 12
TITLE DP DELETE 1.1 TITLE Change	☐ Addition
NAME GREEN, CLEOMIE 12 NAME	
STREET ADDRESS 15760 NW 27 CT. 1.3 STREET ADDRESS	
CITY-ST-ZIP OPA LOCKA FL 33054 1.4 CITY-ST-ZIP	
TITLE DVT DELETE 2.1 TITLE Change	☐ Addition
NAME GREEN, JOSEPH 22 NAME	
STREET ADDRESS 15760 NW 27 CT. 2.3 STREET ADDRESS	
CITY-ST-ZIP OPA LOCKA FL 33054 2.4 CITY-ST-ZIP	
TITLE S DELETE 3.1 TITLE Change	☐ Addition
NAME HART, DIANA 32 NAME	
STREET ADDRESS 15760 NW 27 CT. 3.3 STREET ADDRESS	
CITY-ST-ZIP OPA LOCKA FL 33054 3,4 CITY-ST-ZIP	
TITLE DELETE 4.1 TITLE Change	Addition
NAME 4. 2 NAME	
STREET ADDRESS 4.3 STREET ADDRESS	
CITY-ST-ZIP 4.4 CITY-ST-ZIP	
TITLE DELETE 5.1 TITLE Change	Addition
NAME 5.2 NAME	
STREET ADDRESS 5.3 STREET ADDRESS	
CITY-ST-ZIP 54 CITY-ST-ZIP	
TITLE DELETE 6.1 TITLE Change	Addition
NAME 6.2 NAME	
CO CENTET ADDRESS	
STALL FAUNTESS	
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 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 supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes.	

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: