

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Aug 11, 1999 8:00 am**  
**Secretary of State**

08-11-1999 90001 014 \*\*\*150.00

DOCUMENT # **P98000103238**

1. Corporation Name  
**FOUR MUGS, INC.**

Principal Place of Business  
**16635 HEMINGWAY DRIVE  
WESTON FL 33326**

Mailing Address  
**16635 HEMINGWAY DRIVE  
WESTON FL 33326**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**12/10/1998**

4. FEI Number

**65-0881831**

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 the current year  
Intangible Personal Property. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

**PRIVETT, KENNETH J  
16635 HEMINGWAY DRIVE  
WESTON FL 33326**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

**FL**

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE  
NAME **PRIVETT, KENNETH J**  
STREET ADDRESS **16635 HEMINGWAY DRIVE**  
CITY-ST-ZIP **WESTON FL 33326**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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:

**1 Kenneth J Privett**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**8-3-99**  
Date

Daytime Phone #

CR2E034 (5/99)

0066897

10980000103238  
604048-90001-14  
Wachholder & Streimer, P.A.

*Certified Public Accountants*

*Barry L. Wachholder, C.P.A.*  
*Laura A. Streimer, C.P.A.*

7501 Northwest 4th Street  
Plantation, Florida 33317  
(954) 584-2222

July 26, 1999

Department of State  
Division of Corporations  
Annual Reports Section  
P.O. Box 1500  
Tallahassee, FL 32302-1500

RE: Four Mugs, Inc.  
FEIN # 65-0881831

To Whom It May Concern:

Per my conversation with your office today the taxpayer has enclosed a check in the amount of \$150.00 made payable to the Department of State for their 1999 corporate annual report.

This is the corporation's first filing of a corporate annual report. The taxpayer did not receive the renewal form for 1999 and was unaware that any report needed to be filed.

In consideration of these facts we respectfully request that all penalties be abated and the corporation be renewed for the 1999 tax year. If there remain any questions with regard to same or if we can be of further assistance, please do not hesitate to contact the undersigned directly.

Sincerely,



Laura A. Streimer  
Certified Public Accountant