2005 FOR PROFIT CORPORATION ANNUAL REPORT **DOCUMENT # S29324**

FILED Feb 07, 2005 08:00 AM Secretary of State

1. Entity Nam MIZNER	STORALL, INC.					~ •		y or z seece	
400 SOUTH SUITE 322	DIXIE HIGHWAY	teiling Address 400 SOUTH DIXIE HIGHWAY SUITE 322 30CA RATON, FL 33432							
DO NOT WRITE IN THIS SPACE				-	02032005 4. FEI Number NOT AF	No Chg-P	CR2E03	34 (10/03) Applied For Not Applicable 3.75 Additional	
CANTER, ARTHUR J 400 S DIXIE HWY SUITE 322 BOCA RATON, FL 33432				DO NOT WRITE IN THIS SPACE					
	named entity submits this statement for the tions of registered agent. Signature, typed or printed name of registered agent and title	if applicable (NOTE Registere	nd Agent signature re	equired v	when reinstating)		DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Finar Trust Fund Contribution.				\$5.0 Adde	O May Be d to Fees	02/07/05	-80077-	025 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIRECT PST CANTER, ARTHUR J 400 S DIXIE HWY #322 BOCA RATON, FL	CTORS					Transcription of the second of		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CANTER, ARTHUR J 400 S DIXIE HWY #322 BOCA RATON, FL	***************************************					==- -		
TITLE NAME STREET ADDRESS CITY-ST-ZIP						NOT W			
NAME STREET ADDRESS CITY-ST-ZIP					IN T	THIS SF	PACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP								!	
TITLE NAME STREET ADDRESS CITY-SY-ZIP		G1. 1. 22 - G7/8							
12. I hereby o	certify that the information supplied with this f	iling does not qualify for the exe	mption stated	in Sec	tion 119.07(3)(i), Florida Statutes.	i further certi	fy that the information	

Indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

561-391-4477