

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # V73195 (2)

1. Corporation Name

MIPPY'S, INC.



Principal Place of Business

730 DUVAL ST.
KEY WEST FL 33040

Mailing Address

730 DUVAL ST.
KEY WEST FL 33040

3. Date Incorporated or Qualified
10/19/1992

3a. Date of Last Report
04/26/1995

2. Principal Place of Business

21 1901 S. ROOSEVELT BL
Suite, Apt. #, etc.

22 104 E

23 City & State
KEY WEST, FL

24 Zip
33040

2a. Mailing Address

26 P.O. BOX 178
Suite, Apt. #, etc.

27 City & State
KEY WEST, FL

28 Zip
33041

4. FEI Number
65-0358844

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

ECKSTEIN, ALAN
1407 LEON ST.
KEY WEST FL 33040

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, if applicable

Signature, typed or printed name of registered agent, if applicable

DATE

12. OFFICERS AND DIRECTORS

TITLE DPT
NAME ROE, ALLEN K
STREET ADDRESS 730 DUVAL ST.
CITY-STATE-ZIP KEY WEST FL

TITLE VS
NAME HEROUX, PAUL A JR.
STREET ADDRESS 730 DUVAL ST.
CITY-STATE-ZIP KEY WEST FL

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

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STREET ADDRESS
CITY-STATE-ZIP

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CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-STATE-ZIP ☐ Change ☐ Addition

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-STATE-ZIP ☐ Change ☐ Addition

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-STATE-ZIP ☐ Change ☐ Addition

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-STATE-ZIP ☐ Change ☐ Addition

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-STATE-ZIP ☐ Change ☐ Addition

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/96 305-292-3344

CR2E034 (12/95)