

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

FILED
Apr 18 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 329683 (7)

1. Corporation Name
MIXSON CORP.



Principal Place of Business 7435 W. 19TH CT. HIALEAH FL 33014	Mailing Address 7435 W. 19TH CT. HIALEAH FL 33014-3722
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3. Date Incorporated or Qualified 05/06/1968	3a. Date of Last Report 08/09/1996
4. FEI Number 59-1210131	Applied For <input type="checkbox"/> Not Applicable
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 has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

21. Principal Place of Business 7635 W. 28th Ave.	22. Mailing Address 7635 W. 28th Ave.
23. City & State Hialeah, FL	24. City & State Hialeah, FL
25. Zip 33016	26. Country USA
27. City & State Hialeah, FL	28. City & State Hialeah, FL
29. Zip 33016	30. Country USA

9. Name and Address of Current Registered Agent CONNICK, A. THOMAS BOUTWELL & CONNICK 411 E. HILLBORO BLVD. DEERFIELD BEACH FL 33441	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
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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 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's signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		DELETED
TITLE	PD	<input type="checkbox"/>
NAME	ROTMIL, JOSEPH A	
STREET ADDRESS	612 HAMPTON COURT	
CITY-ST-ZIP	FT. LAUDERDALE FL-33326	
TITLE	D	<input type="checkbox"/>
NAME	O'CONNELL, GERALD	
STREET ADDRESS	8 BRAMPTON ROAD	
CITY-ST-ZIP	MALVERN PA 19355	
TITLE	SD	<input type="checkbox"/>
NAME	ROTMIL, LINDA	
STREET ADDRESS	612 HAMPTON COURT	
CITY-ST-ZIP	FT. LAUDERDALE FL-33326	
TITLE	D	<input type="checkbox"/>
NAME	O'CONNELL, JUDY	
STREET ADDRESS	8 BRAMPTON ROAD	
CITY-ST-ZIP	MALVERN PA 19355	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS	2703 Cypress Manor		
1.4 CITY-ST-ZIP	Weston, FL 33332		
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS	1362 Cottonwood Circle		
3.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33326		
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I do 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: _____ N-8-97 (205) 821-5190

CFR2E034 (9/96)