

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # L51790 (8)

1. Corporation Name

ABE L. MITCHELL INC



Principal Place of Business

Mailing Address

3741 NE 153RD ST
STE 131
N MIAMI EBHAC FL 33160
US

3741 NE 16RD ST
STE 131
N MIAMI BEHAC FL 33160
US

3. Date Incorporated or Qualified
02/16/1990

3a. Date of Last Report
06/21/1995

2. Principal Place of Business

2a. Mailing Address

21 3741 NE 163 St

26 3741 NE 163 St

4. FEI Number
65-0171127

Applied For
Not Applicable

Suite, Apt. #, etc
22 Ste 131

Suite, Apt. #, etc
27 Suite 131

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

City & State
23 N. Miami Beach FL

City & State
28 N. Miami Beach FL

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

Zip
24 33160

Country
25 US

Zip
29

Country
30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MITCHELL, ABE L
3741 NE 163RD ST
STE 131
N MIAM IBEHAC FL 33160**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
 DELETE

**PVD
MITCHELL, ABE L.
3741 NE 163RD ST STE 131
FT. LAUDERDALE FL**

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP
 Change Addition

**PVD
Mitchell, Abe L.
3741 N.E. 163 St Ste 131
N. Miami Beach FL 33160**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
 DELETE

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP
 Change Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
 DELETE

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP
 Change Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
 DELETE

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP
 Change Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
 DELETE

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP
 Change Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
 DELETE

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP
 Change Addition

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

Abe L. Mitchell **Abe L. Mitchell**

6-5-96

305-956-9566

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR