

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

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 MAR 31 AM 11:03

DOCUMENT # **P94000088931 (8)**

1. Corporation Name

**MITCH WILKINS ASSOCIATES, INC.**

Principal Place of Business

10619 W. ATLANTIC BLVD., STE. 159  
CORAL SPRINGS FL 33071

Mailing Address

10619 W. ATLANTIC BLVD., STE. 159  
CORAL SPRINGS FL 33071

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**12/08/1994**

3a. Date of Last Report

2. Principal Place of Business

21 **10953 NW 9 Manor**

2a. Mailing Address

26 **10953 NW 9 Manor**

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

**Coral Springs, Florida**

28 City & State

**Coral Springs, Florida**

24 Zip

**33071**

25 Country

**USA**

29 Zip

**33071**

30 Country

**USA**

4. FEI Number

**65-0547469**

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

**WILKINS, MITCH  
10619 W. ATLANTIC BLVD., STE. 159  
CORAL SPRINGS FL 33071**

10. Name and Address of New Registered Agent

81 Name **MITCH WILKINS**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**10953 NW 9 MANOR**  
83  
84 City **CORAL SPRINGS** FL 85 Zip Code **33071**

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 of Registered Agent (Required)

Signature of Registered Agent (Required)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>DPST</b>
NAME	<b>WILKINS, MITCH</b>
STREET ADDRESS	<b>10619 W. ATLANTIC BLVD., STE. 159</b>
CITY, ST, ZIP	<b>CORAL SPRINGS FL 33071</b>
TITLE	<b>DV</b>
NAME	<b>WILKINS, JAYNE E</b>
STREET ADDRESS	<b>10619 W. ATLANTIC BLVD., STE. 159</b>
CITY, ST, ZIP	<b>CORAL SPRINGS FL 33071</b>
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	<b>WILKINS, MITCH</b>	
13 STREET ADDRESS	<b>10953 NW 9 MANOR</b>	
14 CITY, ST, ZIP	<b>CORAL SPRINGS, FL 33071</b>	
21 TITLE	<b>VTS</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	<b>WILKINS JAYNE E</b>	
23 STREET ADDRESS	<b>10953 NW 9 MANOR</b>	
24 CITY, ST, ZIP	<b>CORAL SPRINGS, FL 33071</b>	
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY, ST, ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY, ST, ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY, ST, ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY, ST, ZIP		

14. I hereby certify that the information supplied with this filing is substantially true and does not qualify for the exceptions stated in Sections 199.032(3)(b), 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. I am an officer or director of the corporation or the manager or trustee empowered to make this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report as an attachment with an address.

SIGNATURE:

*Mitch Wilkins*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 22, 1995  
DATE

305 341 9553  
TELEPHONE NO.