

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P94000088931 (8)**

1. Corporation Name

MITCH WILKINS ASSOCIATES, INC.



Principal Place of Business

Mailing Address

10953 NW 9 MANOR
CORAL SPRINGS FL 33071
US

10953 NW 9 MANOR
CORAL SPRINGS FL 33071
US

3. Date Incorporated or Qualified

12/08/1994

3a. Date of Last Report

03/31/1995

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WILKINS, MITCH
10953 NW 9 MANOR
CORAL SPRINGS FL 33071

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 607.0602 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 607.0605, 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: DPST
NAME: WILKINS, MITCH
STREET ADDRESS: 10953 NW 9 MANOR
CITY-ST-ZIP: CORAL SPRINGS FL

1.1 TITLE: Change Addition
1.2 NAME:
1.3 STREET ADDRESS:
1.4 CITY-ST-ZIP:

TITLE: DV
NAME: WILKINS, JAYNE E
STREET ADDRESS: 10953 NW 9 MANOR
CITY-ST-ZIP: CORAL SPRINGS FL

2.1 TITLE: Change Addition
2.2 NAME:
2.3 STREET ADDRESS:
2.4 CITY-ST-ZIP:

TITLE: DELETE
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

3.1 TITLE: Change Addition
3.2 NAME:
3.3 STREET ADDRESS:
3.4 CITY-ST-ZIP:

TITLE: DELETE
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

4.1 TITLE: Change Addition
4.2 NAME:
4.3 STREET ADDRESS:
4.4 CITY-ST-ZIP:

TITLE: DELETE
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

5.1 TITLE: Change Addition
5.2 NAME:
5.3 STREET ADDRESS:
5.4 CITY-ST-ZIP:

TITLE: DELETE
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

6.1 TITLE: Change Addition
6.2 NAME:
6.3 STREET ADDRESS:
6.4 CITY-ST-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: *Mitchell Wilkins* MITCHELL WILKINS 5/1/96 954-341-9553
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)