

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

**PROFIT CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 JUN 21 AM 8:11

DOCUMENT # L51790

(8)

1. Corporation Name

ABE L. MITCHELL INC

Principal Place of Business

1402 E. LAS OLAS BLVD., SUITE 1011
 STE. 1011
 FT. LAUDERDALE FL 33301
 US

Mailing Address

1402 E. LAS OLAS BLVD., SUITE 1011
 STE. 1011
 FT. LAUDERDALE FL 33301
 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/16/1990

3a. Date of Last Report

04/29/1994

2. Principal Place of Business

21 3741 N.E. 163 St

2a. Mailing Address

26 3741 N.E. 163 St

Suite, Apt. #, etc

22 Suite 131

Suite, Apt. #, etc

27 Suite 131

City & State

23 North Miami Beach FL

City & State

28 North Miami Beach FL

Zip

24 33160

Zip

29 33160

4. FEI Number

65-0171127

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Has the corporation been organized under the laws of the United States?

☐ \$5.00 May Be Added to Fees

7. This corporation has liability for intangible tax under s. 190.022, Florida Statutes

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

MITCHELL, ABE L
 1402 E. LAS OLAS BLVD., SUITE 1011
 FT. LAUDERDALE FL 33301

10. Name and Address of New Registered Agent

81 Name Mitchell, ABE L.
 82 Street Address (P.O. Box Number is Not Acceptable) 3741 NE 163 St
 83 Suite 131
 84 City North Miami Beach FL 85 Zip Code 33160

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)

(Typed Registered Agent Signature required when resigning)

Date

12. OFFICERS AND DIRECTORS

TITLE PVD
 NAME MITCHELL, ABE L.
 STREET ADDRESS 1402 E. LOS OLAS BLVD.
 CITY, ST, ZIP FT. LAUDERDALE FL

13. Address of Principal Office (If different from registered office, check Change or Addition)

11 TITLE PVD
 12 NAME Mitchell, ABE L.
 13 STREET ADDRESS 3741 NE 163 St Suite # 131
 14 CITY, ST, ZIP NORTH Miami Beach FL 33160

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

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STREET ADDRESS

CITY, ST, ZIP

SIGNATURE:

Abe L. Mitchell

Abe L. Mitchell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

June 15, 1995

305-956-9566