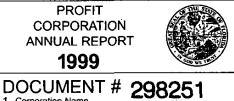
**PROFIT** CORPORATION ANNUAL REPORT

1999

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## FILED Apr 19, 1999 8:00 am Secretary of State

04-19-1999 90009 008 \*\*\*150.00

ED MITC	CHELL INCORPORATED				
B : : : : : : :		Mailing Address			ON OTAL BIEN OFFIT ETEN OFFIT HEET
Principal Place		•			
17880 SW 232 STREET				İ	
MIAMI FL 33170 HOMESTEAD FL 33031   US US			DO NOT WRITE IN T	HIS SPACE	
00		••		3. Date Incorporated or Qualifed	
}				10/29/1965	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
		26 1731 Coloni	al Drive	59-1425028	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #		Suite, Apt. #, etc.	<u> </u>	5. Certifcate of Status Desired	\$8.75 Additional
22 City & State		27		5. Certificate of Status Desired	Fee Required
i City & Stat	e a a a composition of the action of	City & State		6. Election Campaign Financing	\$5.00 May Be
23	·	28 Green Cove	Springs,	FI Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year	r Intangible
24	25	29 32043 3	o <u>C</u> lay	Personal Property Tax.	☐ Yes ☑No
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent					
MITCHELL, FRANK C.			81  Name Fr	ank C. Mitchell	
		,	82 Street Ad	Idress (P.O. Box Number is Not Acceptable)	
27925 SW 163 AVE				31 Colonial Drive	
HOMESTEAD FL 33031					
			84 City		FL 85 Zip Code 32043
			l l í Gr	een Cove Springs	
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, Plorida Statutes.					
office or registered agent, or both, in the state or right agent agent, I am familiar with, and accept the obligations of, Section 807.0505, Plontal Statutes					
SIGNATURE	Frank C Mitchel	1 /////	MILL TO	<b>4-</b>	14-99
SIGNATORE	Signature, typed or printed name of registered agent	and title if applicable (NOTE: R	egistered Agents grature requ		
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS	Change Addition
TITLE	PD	☐ DELETE	1.1 TITLE		Change
NAME	MITCHELL, FRANK C		1.2 NAME	and delevial Drive	
STREET ADDRESS	27925 SW 163 AVE		1.3 STREET ADDRESS	1731 Colonial Drive	TT 22042
CITY-ST-ZIP	HOMESTEAD FL 33031		1.4 CITY-ST-ZIP	Green Cove Springs,	FL 32043 ☐Change ☐ Addition
TITLE	VPD	☐ DELETE	2.1 TITLE		
NAME	MITCHELL, EDWARD T.		2.2 NAME		
STREET ADDRESS	27925 SW 163 AVE		2.3 STREET ADDRESS		•
CITY-ST-ZIP	HOMESTEAD FL 33031		2.4 CITY-ST-ZIP		Eftheres Caldida
TITLE -	ST	☐ DELETE .	3.1 TITLE	بنجرية والراب المنافي الصدامم المراث	Change Addition
NAME	MITCHELL, SUSAN E		3.2 NAME	1731 Colonial Drive	j
STREET ADDRESS	27925 SW 163 AVE		3.3 STREET ADDRESS	Green Cove Springs,	FL 32043
CITY-ST-ZIP	HOMESTEAD FL 33031		3.4. CITY-ST-ZIP	515511 5013 5F1211301	
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	PIERCE, MARJORIE M		4. 2 NAME		
STREET ADDRESS	18955 S.W. 264 ST.		4.3 STREET ADDRESS		{
CITY-ST-ZIP	HOMESTEAD FL		4.4 CITY-ST-ZIP		Debangs C Addition
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	MITCHELL, THOMAS		5.2 NAME	::~	
STREET ADDRESS	16595 SW 90 AVE		5.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33157		5.4 CITY-ST-ZIP		Change Addition
TITLE		[] DELETE	6.1 TITLE		Change Addition
NAME	•		6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
			6.4 C/TY-ST-ZIP		

14. I 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 chapter 607, or on an attachment with an address, with all other like empowered.

Mitchell

4-14-99

Date

904-529-7215

Daytime Phone #