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

PROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT # 468710

1. Corporation Name

(9)

MITCH ENTERPRISES, INC.						
Principal Place of Business Mailing Address					1 100111 Ellin diibi ilini 1001 HEIL on allan ann ann ann ann ann ann	
6765 AUSTRALIAN STREET G765 AUSTRALIAN STREET JUPITER FL 33458-3845 JUPITER FL 33458-3845						
						3. Date Incorporated or Qualified
2. Principal Plac	ce of Business	2a. Mailing Address				4. FEI Number Applied For
21	00 00	26				59-1575005 Not Applicable
Suite, Apt. #	, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional Fee Required
City & State		City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
2 3 Zip	Country	Zip Country				8. This corporation has liability for intangible tax under s 199.032,
24	25	29			Florida Statutes Yes No	
9. Name and Address of Currer		<u>. 1, 1</u>		10. Name and Address of New Registered Agent		10. Name and Address of New Registered Agent
				81	Name	
	L, NOBLE			82	Street Ac	ddress (P.O. Box Number is Not Acceptable)
6765 AUSTRALIAN STREET JUPITER FL 33458				83		
JOHNEN	1 0 0000			84	City	FL 85 Zip Code
or registere familiar with SIGNATURE	ed agent, or both, in the State of Florid h, and accept the obligations of, Section	a. Such change was authorized to 607,0505, Florida Statutes	ed by the		oration s D	poration submits this statement for the purpose of changing its registered office oard of directors. I hereby accept the appointment as registered agent. I am
12.	Signature, typed or printed name of registered agent of OFFICERS AND		13.) Mai	if additional text	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	р	DELETE		1. 1 TITLE		☐ Change ☐ Addition
NAME	MITCHELL, NOBLE		1.2 N	1.2 NAME		
STHEET ADDRESS	6765 AUSTRALIAN STREET	1.3		1.3 STREET ADDRESS		
CITY-ST-ZIP	JUPITER FL		1.4 CITY - ST - ZIP		ST - ZIP	
TITLE	S	DELETE	2.1	2. 1 TITLE		☐ Change ☐ Addition
NAME	MITCHELL, JEANNETTE		221	, 22 NAME		
STREET ADDRESS	6765 AUSTRALIAN STREET		235	2.3 STREET ADDRESS		
DITY-ST-ZIP	JUPITER FL				ST-ZIP	☐ Change ☐ Addition
TITLE				TITLE		
NAME				NAME		
STREET ADDRESS					T ADDRESS	
CITY-ST-7IP		DELETE			ST-ZIP	☐ Change ☐ Addition
TITLE			ľ	NAME		
NAME					T ADDRESS	
STREET ADDRESS			- 1		ST-ZIP	
CITY-ST-ZIP TITLE		DELETE		5 1 TITLE		Change Addition
NAME		_	52	NAME		
STREET ADDRESS			53	STREE	T ADDRESS	
CITY-ST-ZIP			5.4 City-St-ZiP		ST-ZIP	
TILE		☐ DELETE	6 1 TITLE			☐ Change ☐ Addition
NAME:			6.2	NAME		
STREET ADDRESS			63	STREE	T ADDRESS	
CITY - ST - ZIP			6.4	CITY-	ST-ZIP	Tit 6 - the according stated in Continue 140 07/09/JA Elevida Ctah Har I further
F-22	the state of the second party	with this filing is valuatorily for	nichod and	4 40	e not aual	lify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further

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 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 certify that the information indicated on this annual report 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: No Ble Mitchell Sullo Mitchell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

april 28, 1996 407-7460338

R2F034 (12/95)