COF	PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		STATE	Jan 28 1998 8:00am Secretary of State
	MENT # 65: MITCHELL, INCORF	5557 PORATED	(7)		•	
98 S.W. 11TH	e of Business 1 COURT N FL 33486-4569	98	Mailing Address 98 S.W. 11TH COURT BOCA RATON FL 33486-4569			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified
2. Principal F 21 Suite, Apt.	flace of Business	26	Mailing Address Suite, Apt. #, etc.			02/11/1980 Applied For 4. FEI Number Not Applicable 59-1965950 Not Applicable 5. Certificate of Status Desired \$8.75 Additional Fee Required
City & State 23 Zip Country 4 25 9. Name and Address of Curre		28	City & State Zip Country 30			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent
98 BO 11. Pursuant office or r agent. ! a	TCHELL, STEPHEN P S.W. 11TH COURT CA RATON FL to the provisions of Section egistered agent, or both, in m familiar with, and accept	s 607.0502 and 60 the State of Florida the obligations of,	7.1508, Florida Statut 3. Such change was a Section 607.0505, Flo	83 84 es, the above authorized by orida Statutes	City	Address (P.O. Box Number is Not Acceptable) FL 85 Zip Code corporation submits this statement for the purpose of changing its registered properties of the appointment as registered
SIGNATURE	Signature, typed or printed name of r	egistered agent and title if	applicable. (NOTi	E: Registered Age	nt signature	required when reinstaling) DATE
12.	OFFI	CERS AND DIRECT		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE NAME STREET ADDRESS : CITY-ST-ZIP	PD MITCHELL, STEPHEN 98 S.W. 11TH COUR BOCA RATON FL	TH COURT		1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		_i Change i_ Addition
NAME STREET ADDRESS CITY-ST-ZIP			□ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S	1	Change Addition
NAME STREET ADDRESS CITY-ST-ZIP			☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET : 3.4. CITY-S		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ DELETE	4.1 TÜLE 4.2 NAME 4.3 STREET A	ADDRESS	☐ Change ☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP			☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET	ADORESS	☐ Change ☐ Addition
TITLE NAME			DELETE	5.4 CITY-ST 6.1 TITLE 6.2 NAME	- <u>/</u> IF	☐ Change ☐ Addition

6.3 STREET ADDRESS

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 Engliged, or as an attachment with an address.

SIGNATURE:

SIGNATURE:

13 98 561-392-3993

STREET ADDRESS