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Feb 18, 1999 8:00am

Secretary of State

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F53965					02-18-1999 90088 036 ****150.00			
 Corporation 	n Name	3	•					
PAUL MI	TCHELL SYSTEMS, INC.					1 (400) NA 1547 BOING CHIEG SOING BHIGH BHE BY BY BY BEST BEST BEST BEST BY	iii 1 88 1	
Principal Place of Business Mailing Address							/II 1081	
2780 W FLAGLER ST.		% JOHN H. TEST. P.A.						
MIAMI F 33135 US		9400 S. DADELAND BLVD, SUITE 300 MIAMI FL 33156				DO NOT WRITE IN THIS SPACE		
00		MIN MILL TE GOTOC				3. Date Incorporated or Qualifed		
						11/17/1981		
2. Principal Pl	lace of Business	2a. Mailing Address				4. FEI Number Applied F		
21		26				59-2143649 Not Appl	•	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Addition Fee Required		
City & State	е	City & State				6. Election Campaign Financing \$5.00 May E	3e	
23	28					Trust Fund Contribution Added to Fee	5	
Zip				itry		8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No		
24 25 29 30 30			0			10. Name and Address of New Registered Agent		
Name and Address of Current Registered Agent				81	Name	To. Hume and Address of their Helices of Figure		
Test, Sandra L.			L	-	04	ess (P.O. Box Number is Not Acceptable)		
9400 S. DADELAND BLVD.			'	82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
	E 300			83	· ··· · · ·	•		
MIAMI FL 33156			-	84 City 85 Zip Code				
					·	FL		
office or n	egistered agent, or both, in the State m familiar with, and accept the oblig	te of Flonda. Such change was autopations of, Section 607.0505, Florid	norized la Statut	by tr tes.	ne corporatio	oration submits this statement for the purpose of changing its regist on's board of directors. I hereby accept the appointment as registers	ed .	
40	Signature, typed or printed name of registered ag	gent and title if applicable. (NOTE: Ro AND DIRECTORS	egistered A	Agent s	signature required	d when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	12	
12.	ST	DELETE	1.1 TITL	E			Addition	
NAME	MARTENS, SHERRI A.		1.2 NAME			•		
STREET ADDRESS	1025 NW 11TH AVENUE		1.3 STREE		DDRESS			
CITY-ST-ZIP	MIAMI FL 140		1.4 CITY	Y-ST-	ZIP			
TITLE	DP	☐ DELETE	2.1 TITLE			Change	Addition	
NAME	MARTENS, ALICIA		2.2 NAME		'	,		
STREET ADORESS	1025 NW 11TH AVENUE		2.3 STREET ADORESS		1			
CITY-ST-ZIP	MIAMI FL	☐ DELETE	2.4 CITY-ST-ZIP		ZIP	Change	Addition	
TITLE		☐ DECE ! C	3.1 TITLE 3.2 NAME			- Contained	. 100/100	
NAME STREET ADDRESS			3.3 STREET ADDRESS		DORESS			
CITY-ST-ZIP			3.4. CITY-ST-ZIP					
TITLE		☐ DELETE	4.1 T/TLE			☐ Change ☐	Addition	
NAME			4. 2 NA	ME				
STREET ADDRESS			4.3 STR	REETA	DDRESS	•		
CITY-ST-ZIP			4.4 CIT	Y-ST-	ZIP		A 3 3 10 10 1	
TITLE		☐ DELETÉ	5.1 TITL			Change	Addition	
NAME			5.2 NAM		ADDRESS			
STREET ADDRESS			5.4 CIT			·		
CHV SI, 710								

CITY-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 changed, or on an attachment with an address, with all other like empowered.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

DELETE

SIGNATURE: (

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

Change

Addition