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

**PROFIT** CORPORATION ANNUAL REPORT

1998



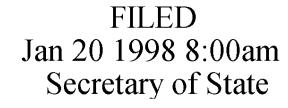
FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # F9700004879 (9)

P & M MITCHELL INVESTMENTS, INC.





Principal Place	o of Business	Mailing Address								
601 BRIDLE PATH COURT 601 BRIDLE PATH COURT			श							
BLOOMFIELD	MI 48304	BLOOMFIELD MI 48304			DO NOT WOLF	IN TURO OF				
•	•					DO NOT WRITE. IN THIS SPACE				
						3. Date Incorporated or Qualified 09/18/1997				
9 Principal P	lace of Business	2s. Mailing Address				4. FEI Number			Applied For	
2. /A/Q	III Grandon Rills	<del></del> 1				NOT APPLICABLE		$\vdash$	Not Applicable	
Suite, Apt.	# elc	Suite, Apt. #, etc.				_ \$9.75 ^			75 Additional	
22		27				5. Certificate of Status Desired			e Required	
City & State	0	City & State				6. Election Campaign Financing			00 May Be	
23 BRA	WOON FLOBION	26				Trust Fund Contribution		Added to Fees		
Zip Country		Zip Country			8. This corporation owes or has pa	id the curre				
24 3351/~	4607 25 VSA	29	30			Personal Property Tax due June	_	Yes	M No	
	9. Name and Address of Current	Registered Agent				10, Name and Address of New Re	gistered A	genl		
CORPORATION SERVICE COMPANY					Name					
1201 HAYS ST					Street Addre	ess (P.O. Box Number is Not Acceptab	ıle)			
TALLAHASSEE FL 32301				Ϊ,	Direct Marche	iso (i.e. box (tamber to risk) koopias				
1			83	T						
1			84	۱.,	City			85	Zip Code	
					•		FL		· ·	
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statu	les, the abov	0-1	named corpo	oration submits this statement for the p	urpose of o	hangir	ng 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 proted name of registered age:			ent	signature requires	d when reinstating)	DATE			
12.	CPSD OFFICERS AND	DELETE	13.			ADDITIONS/CHANGES TO OFFIC			unreces entitle	
TITLE	MITCHELL, PAUL R	[] Ott it	1.1 10flf				L	Char	ine Ti Monition	
NAME	601 BRIDLE PATH COURT		1.2 NAME						ļ	
STREET ADDRESS	BLOOMFIELD MI 48304		1.3 STREFT							
CITY-ST-ZIP	VID WI 48304	DELETE	1.4 CITY- S	S1 - 2	7IP		····	Char	nge Addition	
TITLE	MITCHELL, MARI A	LJ ORICH	2111111				L		ige [_] Addition	
NAME	601 BRIDLE PATH COURT		2 2 NAME							
STREET ADDRESS	BLOOMFIELD MI 48304			2.3 STREET ADDRESS						
CITY-ST-ZIP TITLE	DECOMPTEED WIT 40004	DELETE	2 4 CITY- 3 1 THLE	SI	ZIP			Char	nge 🔲 Addition	
l i		L. J OCICIL							ige	
NAME			3.2 NAME	r ac	nnorée					
STREET ADDRESS			3.3 STREET							
CITY-ST-ZIP TITLE		DELETE	3.4. C/TY-	91	ZII'		Т	Char	nge 🔲 Addition	
NAME		La becer	4.1 MEE				-			
STREET ADDRESS			4 3 STREE		nnaree					
			4.4 CITY-5							
CITY-ST-2IP TITLE		DELE TE	51 HTLE	31-1	-			Char	nge Addition	
NAME		hand Tree . W	5.2 NAME						-	
STREET ADDRESS		÷	5.3 STREE	I AD	IDRESS					
1 1			54 CITY-5							
CITY-ST-2IP TITLE		DELETE	61 HJUE	S1 - 4			<b>-</b>	Char	nge Addition	
NAME			62 NAME				-	-		
STREET ADDRESS			63 STREE	r An	IDRESS					
			6.4 CITY-5							
CITY-ST-ZIF			040111-3	01.1	or L					

14. Thereby 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

CR2E034 (10/97)