

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$228 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

PROFIT CORPORATION ANNUAL REPORT 1995



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

FILED

95 JUL -7 AM 9:31

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # G23205 (9)

1. Corporation Name
MITCHELL & ASSOCIATES BUILDING CORP.

Principal Place of Business Mailing Address
1865 BRICKELL AVE TOWNHOUSE 10 MIAMI FL 33129

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **02/01/1983** 3a. Date of Last Report **05/01/1994**

2. Principal Place of Business 2a. Mailing Address
21 **441 N E 14th COURT #1** 26 **1441 N E 14th COURT**

4. FEI Number **59-2259528** Applied For Not Applicable

Suite, Apt. #, etc. 22 Suite, Apt. #, etc. 27

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

City & State 23 **JENSEN BEACH, FL.** 28 **JENSEN BEACH, FL.**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

Zip Country 24 **34957** 25 **MARTIN** 29 **34957** 30 **MARTIN**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GAULKIN, JOEL
4627 PONCE DE LEON
2ND FLOOR
MIAMI FL 33146**

81 Name **ANITA M. MITCHELL**
82 Street Address (P.O. Box Number is Not Acceptable) **1441 N E 14th COURT**
83 **# 1**
84 City **JENSEN BEACH, FL** 85 Zip Code **34957**

11. Pursuant to the provisions of Sections 607.0502 and 607.1908, 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, Florida Statutes.

SIGNATURE

ANITA MITCHELL DST

JUNE 21, 1995

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	DP
NAME	MITCHELL, DONALD A.
STREET ADDRESS	1865 BRICKELL AVE.
CITY - ST - ZIP	MIAMI FL
TITLE	D
NAME	FABIANO, PATRICIA DEAN
STREET ADDRESS	11445 SW 50TH TERRACE
CITY - ST - ZIP	MIAMI FL
TITLE	VPD
NAME	MITCHELL, THOMAS
STREET ADDRESS	10765 WESTWOOD LAKE DR
CITY - ST - ZIP	MIAMI FL
TITLE	DST
NAME	MITCHELL, ANITA
STREET ADDRESS	1865 BRICKELL AVE.
CITY - ST - ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	DP MITCHELL, DONALD A.
1.3 STREET ADDRESS	1441 N E 14th COURT #1
1.4 CITY - ST - ZIP	JENSEN BEACH, FL.
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	DBT MITCHELL, ANITA
4.3 STREET ADDRESS	1441 N E 14th COURT
4.4 CITY - ST - ZIP	JENSEN BEACH, FL
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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 110.07(3)(b), 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.

SIGNATURE: *Anita Mitchell*
SIGNATURE OF REGISTERED AGENT: **ANITA MITCHELL** OFFICER OR DIRECTOR

6/21/95 616-651-1344

CR2E034 (3/95)