

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 # H60717

1. Corporation Name
MIHALKO REPORTING, INC

Principal Place of Business
1499 W PALMETTO PARK RD
SUITE 153
BOCA RATON FL 33486

Mailing Address
1499 W PALMETTO PARK RD
SUITE 153
BOCA RATON FL 33486

FILED
Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90160 009 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/07/1985

4. FEI Number
59-2534871

Applied For
Not Applicable

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

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

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 1515 N. Federal Hwy
Suite, Apt. #, etc.

26 1515 N. Federal Hwy
Suite, Apt. #, etc.

22 # 300

27 # 300

23 Boca Raton FL
City & State

28 Boca Raton FL
City & State

24 33432
Zip

29 33432
Zip

25 USA
Country

30 USA
Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DONNA MIHALKO
1499 W PALMETTO PK RD 153
BOCA RATON FL 33486

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

1515 N. Federal Hwy. # 300

83

84 City Boca Raton FL

85 Zip Code 33432

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PVS ☐ DELETE

NAME MIHALKO, DONNA
STREET ADDRESS 1499 W PALMETTO PK #153
CITY-ST-ZIP BOCA RATON FL

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS 1515 N. Federal Hwy # 300
1.4 CITY-ST-ZIP Boca Raton, FL 33432

TITLE TD ☐ DELETE

NAME MIHALKO, DONNA
STREET ADDRESS 1499 W PALMETTO PK #153
CITY-ST-ZIP BOCA RATON FL

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS 1515 N. Federal Hwy #300
2.4 CITY-ST-ZIP Boca Raton, FL 33432

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)