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**

JAY Mitchell Enterposes, Inc

Principal Place of Business

Mailing Address

Clo MITCHEIL SMALL 1321 S. Powerline Ad

DO NOT WRITE IN THIS SPACE

FILED

Secretary of State

03-09-1999 90150 039 ***158.75

Mar 09, 1999 8:00 am

Panpano Bely F1 33496

2. Principal Place of Business , 2a. 3. Date Incorporated or Qualifed 2a. Mailing Address Applied For 18029 Samba Lave 26 Not Applicable Suite, Apt. #, etc. \$8.75 Additional 5. Certifcate of Status Desired Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees 8. This corporation owes the current year Intangible Personal Property Tax. □No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent SMAIL, Mitchell 1321 S. Powerline Rd Pampana Bil, Fl 33069 82 Street Add 83 84 City 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 607.3505, Florida Statutes. SIGNATURE OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. President Change ☐ DELETE Addition 11 TIDE TITLE mitsell Small 1.2 NAME NAME 18029 SAMBA LANE 1.3 STREET ADDRESS STREET ADDRESS BATON, FL 33496 CITY-ST-ZIP 1.4 CITY-ST-ZIP □ DELETE ☐ Change Addition 2.1 TITLE TITLE NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ DELETÊ 3.1 TITLE Change 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP □ DELETE Change ☐ Addition 4.1 TITLE TITLE NAME 4 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ DELETE Change 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 6.1 TITLE ☐ Change Addition TITLE 6.2 NAME NAME

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.

6.3 STREET ADDRESS

64 CITY-ST-ZIP

SIGNATURE: _

STREET ADDRESS

CR2E034 (11/98)