...E CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
MOUNT ...E ON OR BEFORE 9/17/97: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750.)

PROFIT CORPORATION ANNUAL REPORT
1997

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

W.
fo

FILED
Jun 12 1998 8:00am
Secretary of State

DOCUMENT # J97159 (4)
Corporation Name
THE MITCHELL/LAMBERT AGENCY, INC.

Principal Place of Business	Mailing Address
~~701 W FLETCHER AVE~~ ~~SUITE B~~ ~~TAMPA FL 33612~~ ~~US~~ JS	PO BOX 1786 LAND O LAKES, FLA 34639 / 22372 DUPREE DR LAND O LAKES FLA 34639

Principal Place of Business	2a. Mailing Address
12000 N. Dale Mabry Hwy	
Suite, Apt. #, etc.: # 212	Suite, Apt. #, etc.: SAME
City & State: TAMPA, FL	City & State:
Zip: 33618	Zip:
County: 25 USA	County: 29 30

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/12/1987
3a. Date of Last Report: 04/23/1996
4. FEI Number: 59-2882659 — 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 or has paid the current year Intangible Personal Property Tax due June 30: [X] Yes [ ] No

9. Name and Address of Current Registered Agent
MELENDEZ, MARILYN
22372 DUPREE DRIVE
LAND O LAKES FL 34639

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City: FL 85 Zip Code

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, type or print name of officer, director, registered agent and title if applicable) (NOTE: Registered Agent signature required. Failure to sign will delay processing.) DATE

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	PD	1.1 TITLE	President [X] Change [ ] Addition
1.2 NAME	MELENDEZ, MARILYN	1.2 NAME	MARILYN MELENDEZ
1.3 STREET ADDRESS	4118 BARCELONA	1.3 STREET ADDRESS	22372 DUPREE DR
1.4 CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	LAND O LAKES, FL 34639
2.1 TITLE	V [ ] DELETE	2.1 TITLE	Treasurer [X] Change [ ] Addition
2.2 NAME	TOLEDO, PAUL	2.2 NAME	PAUL TOLEDO
2.3 STREET ADDRESS	13901 N FLORIDA #E70	2.3 STREET ADDRESS	13103 C WHITESTONE DR.
2.4 CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP	TAMPA, FL 33617
3.1 TITLE	[ ] DELETE	3.1 TITLE	[ ] Change [ ] Addition
3.2 NAME		3.2 NAME	
3.3 STREET ADDRESS		3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP		3.4 CITY-ST-ZIP	
4.1 TITLE	[ ] DELETE	4.1 TITLE	[ ] Change [ ] Addition
4.2 NAME		4.2 NAME	
4.3 STREET ADDRESS		4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP		4.4 CITY-ST-ZIP	
5.1 TITLE	[ ] DELETE	5.1 TITLE	[ ] Change [ ] Addition
5.2 NAME		5.2 NAME	
5.3 STREET ADDRESS		5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP		5.4 CITY-ST-ZIP	
6.1 TITLE	[ ] DELETE	6.1 TITLE	[ ] Change [ ] Addition
6.2 NAME		6.2 NAME	
6.3 STREET ADDRESS		6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP		6.4 CITY-ST-ZIP	

4/16/98

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I do 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.