

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **K36369** (2)

1. Corporation Name

MITCHELL & YORK INTERNATIONAL UNDERWRITERS, INC.



Principal Place of Business

**11380 PROSPERITY FARMS RD.
STE. 213
PALM BEACH GARDENS FL 33410
US**

Mailing Address

**11380 PROSPERITY FARMS RD.
STE. 213
PALM BEACH GARDENS FL 33410
US**

3. Date Incorporated or Qualified

09/30/1988

3a. Date of Last Report

04/12/1995

2. Principal Place of Business

2a. Mailing Address

21 1220 U.S. Highway 1

26 1220 U.S. Highway 1

4. FEI Number

65-0076837

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite D

27 Suite D

City & State

City & State

23 North Palm Beach, FL

28 North Palm Beach, FL

Zip

Country

Zip

Country

24 33408

25 US

29 33408

30 US

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**YORK, STEPHEN M.
11380 PROSPERITY FARMS RD.
STE. 213
PALM BEACH GARDENS FL 33410**

81 Name

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

1220 U.S. Highway 1

83

84 City

North Palm Beach

85

Zip Code

FL 33408

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 re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **PD**

STREET ADDRESS **YORK, STEPHEN H.
503 FIFTH LANE
PALM BCH GARDENS FL**

TITLE ☐ DELETE

NAME **STD**

STREET ADDRESS **YORK, LINDA E.
503 FIFTH LANE
PALM BCH GARDENS FL**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

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 ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

**130 Palm Avenue, #19
Jupiter, FL 33477**

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

**130 Palm Avenue, #19
Jupiter, FL 33477**

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

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 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-96

407-624-1988

Date

Daytime Phone #

CR2E034 (12/95)