FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L13982

(8)

THE MITTIGA CORPORATION

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Principal Place	of Busines	8	M	ailing Address	· · · · · · · · · · · · · · · · · · ·					
% HAL H. KANTOR 215 N EOLA DR ORLANDO FL 32801				% HAL H. KANTOR 215 N EOLA DR ORLANDO FL 32801-2028						
i								3. Date Incorporated or Qualified 3a. Date of Last Report 09/07/1989 05/01/1996	l	
2. Principal Pla	ace of Busin	ess	26.	Mailing Address				4. FEI Number Applied For	7	
21]				26				59-2970890 Not Applicable	•	
Suite, Apt. #. etc.				Suile, Apt. #, etc.				5. Certificate of Status Desired		
City & State				City & State				6. Election Campaign Financing \$5.00 May Be	7	
23			[28]					Trust Fund Contribution Added to Fees		
Zip	Country			Zip Cou				8. This corporation has liability for intangible tax under s. 199.032,		
24	25 29 3 9. Name and Address of Current Registered Agent				30)		Florida Statutes	_	
			int Hegis	tered Agent	······································	81	Name	10. Name and Address of New Registered Agent	\dashv	
	TOR, HAL									
215 N EOLA DR ORLANDO FL 32801				82			Street Add	ddress (P.O. Box Number is Not Acceptable)	1	
UKU.	ANDO FL 3	2801				83			\dashv	
						Ĺ			1	
						84	City	85 Zip Code		
11. Pursuant to office or re agent. Lar	o the provis egistered ag n familiar wi	ions of Sections 607.05 ent, or both, in the Stat th, and accept the obli	02 and 6 e of Florio gations o	07.1508, Florida Statu da. Such change was f. Section 607.0505, F	iles, the a authorize lorida Sta	bove d by tutes	e-named cor the corpora	orporation submits this statement for the purpose of changing its registered oration's board of directors. I hereby accept the appointment as registered		
SIGNATURE .	· · · · · · · · · · · · · · · · · · ·								-	
12.	Stgrature Typed	or protect name of registered a OFFICERS A			TE: Registere	d Age	ent signature requ	equired when reinstelling) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	∣ն	
TITLE	DPT DELETE					1.1 THTLE		☐ Change ☐ Addition	, S	
NAME	MITTIGA, DONNA K.			1.2 N		AME	ŀ		3	
STREET ADDRESS		RANGE BLOSSOM		1.3 9			ADDRESS		18	
CITY-ST ZIP	ORLAND			1.6		1.4 CITY - ST - ZIP			Š	
Tare				☐ DELETE	2.1 7	2.1 TITLE		☐ Change ☐ Addition	Πō	
NAME					22 N	AME	J			
STHEET ADDRESS					2.3 \$	TREET	ADDRESS			
CITY+ST-ZIP							ST-ZIP		٦.	
11111				☐ DELETE	3.1 7		i	Change Addition	'	
NAME					32 N]		1	
STREET ADDRESS							ADDRESS			
CHY-S1-ZiF	DELETE					3.4. CITY+ST-ZIP		Change Addition	\exists	
THE			a di di	4.1 TITLE 4.2 NAME		□ cuange □ rapino				
NAME .							ADDRESS			
STREET ADDRESS City-St-Zip							T-ZIP			
1011				DELETE	5.1 1		H. TIL	Change Addition	\forall	
NAME					5.2 N			• •		
STREET ADORESS							ADDRESS			
SHEET OF STREET						uru n	ſ			

14. If oo 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 trusteeport is true and 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.

6.3 STREET ADDRESS

61 TITLE

6.2 NAME

SIGNATURE

THEF NAME

STREET ADDRESS

IGNATURE AND TYPED OR PRINTED NAMEOF SIGNING OFFICER OF DIRECTOR

DELETE

april 24,1997

FILED

May 02 1997 8:00am

Secretary of State

Daving Proper

Change

Addition