

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **M96838** (1)

1. Corporation Name

MITCHELL PROPERTIES, INC.



Principal Place of Business

Mailing Address

~~220 CELESTIAL WAY #3~~
~~JUNO BEACH FL 33408~~

~~220 CELESTIAL WAY #3~~
~~JUNO BEACH FL 33408~~

19750 BEACH RD #301
TEQUESTA, FL 33469

← SAME

2. Principal Place of Business

2a. Mailing Address

21 **19750 BEACH RD**

26 **19750 BEACH RD**

Suite, Apt #, etc.

Suite, Apt #, etc.

22 **301**

27 **301**

City & State

City & State

23 **TEQUESTA FL**

28 **TEQUESTA**

Zip

Zip

24 **33469**

Country

Country

25 **PALM BEACH**

29 **33469**

Country

30 **PALM BEACH**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MITCHELL, JANE

81 Name **JANE MITCHELL**

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

19750 BEACH RD #301

83

84

TEQUESTA

FL

85 Zip Code

33469

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 **JANE MITCHELL**

Jane Mitchell

6-11-96

Signature typed or printed name of registered agent and the applicable

DATE Registered Agent signature required when revalidating

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.

TITLE **D** ☐ DELETE

NAME **MITCHELL, JANE M.**

STREET ADDRESS ~~220 CELESTIAL WAY, #3~~

CITY-ST-ZIP ~~JUNO BEACH FL~~

TITLE **D** ☐ DELETE

NAME **MITCHELL, GLEN**

STREET ADDRESS **717 PUTTER DRIVE**

CITY-ST-ZIP **FORT WORTH TX**

TITLE **D** ☐ DELETE

NAME **MITCHELL, ALLEN B.**

STREET ADDRESS ~~310 E LEE~~

CITY-ST-ZIP **SAPULPA OK**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

D MITCHELL, JANE M.

19750 BEACH RD #301

TEQUESTA, FL 33469

☐ Change ☐ Addition

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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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Jane Mitchell, Pres.* **JANE MITCHELL**

6-11-96

407-745-9100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)