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Apr 23 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # **P93000044768 (8)**

1. Corporation Name
MITZO ENGINEERING, INC.

Principal Place of Business	Mailing Address
1755 W. BROADWAY STE 7 OVIEDO FL 32765 US	1755 W. BROADWAY STE 7 OVIEDO FL 32765 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 1611 WOOD DUCK DR.
22 Suite, Apt. #, etc
23 City & State: WINTER SPRINGS, FL.
24 Zip: 32708 25 Country: USA

2a. Mailing Address
26 PO BOX 621667
27 Suite, Apt. #, etc
28 City & State: OVIEDO, FL
29 Zip: 32762-1667 30 Country: U.S.A.

3. Date Incorporated or Qualified: 06/24/1993

4. FEI Number: 59-3191659 ☐ 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. ☒ Yes ☐ No

9. **Name and Address of Current Registered Agent**
MITZO, WILLIAM M
1611 WOOD DUCK DR
WINTER SPRINGS FL 32708

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

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 reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PVTD	☐ DELETE	11 TITLE		☐ Change ☐ Addition
NAME	MITZO, WILLIAM M		12 NAME		
STREET ADDRESS	1611 WOOD DUCK DR		13 STREET ADDRESS		
CITY-ST-ZIP	WINTER SPRINGS FL		14 CITY-ST-ZIP		
TITLE	S	☐ DELETE	21 TITLE		☐ Change ☐ Addition
NAME	MITZO, JOANNE M		22 NAME		
STREET ADDRESS	1611 WOOD DUCK DR		23 STREET ADDRESS		
CITY-ST-ZIP	WINTER SPRINGS FL		24 CITY-ST-ZIP		
TITLE		☐ DELETE	31 TITLE		☐ Change ☐ Addition
NAME			32 NAME		
STREET ADDRESS			33 STREET ADDRESS		
CITY-ST-ZIP			34 CITY-ST-ZIP		
TITLE		☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME			42 NAME		
STREET ADDRESS			43 STREET ADDRESS		
CITY-ST-ZIP			44 CITY-ST-ZIP		
TITLE		☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

CR2E034 (10/97)

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.

SIGNATURE: Joanne M Mitzo JOANNE M MITZO 4/14/98 407 366 5666