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

PROFIT. CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P9300058709

1. Corporation Name

MITTEL AGENCY SERVICES, INC.

Principal Place of Business		Mailing Address						
713 WHITEHEAD KEY WEST FL 33 US		713 WHITEHEAD S KEY WEST FL 330 US						
	,					3. Date Incorporated 08/11/1993		
2. Principal Place of Business		2a. Mailing Addres		4. FEI Number				
21	• -	26				65-0448155		
Suite, Apt. #	, etc.	Suite, Apt. #, e	tc.			5. Certifcate of Statu		
City & State		City & State				6. Election Campaig		
23		28				Trust Fund Contri		
Zip	Country	Zip	Cou	ntry		8. This corporation of		
24	25	29	30			Personal Property		
	9. Name and Address of Cu	rrent Registered Agent				10. Name and Addre		
EISCH	ier, friederike			81	Name ∓	SCHER 7		
[VHITEHEAD STREET	*		82	Street Addre	ss (P.O. Box Number is		

Mar 17, 1999 8:00 am Secretary of State

03-17-1999 90103 022 ***150.00



13 WHITEHEA		713 WHITEHEAD STREET	1							
KEY WEST FL 33040 TUS		KEY WEST FL 33040 US			DO NOT WRITE IN THIS SPACE					
10						3. Date Incorpo	rated or Qualifed			
						08/11/199	33			
2. Principal P	Place of Business	2a. Mailing Address				4. FEI Number			Ar	oplied For
ה	• .	26			65-04481	<u>55 </u>		No.	ot Applicable	
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.				5. Certifcate of	Status Desired		\$8.75	
2						5. Certificate of	Status Desired		Fee Re	equired
City & Star	te	City & State				6. Election Can	npaign Financing		\$5.00	May Be
3		28	<u></u>		Trust Fund C	Contribution		Added	to Fees	
Zip	Country	Zip	Cou	untry		8. This corporal	tion owes the curr	ent year inta	angible	
4	25	29	30			Personal Pro	perty Tax.		Yes	□No
- 1	9. Name and Address of Currer	nt Registered Agent				10. Name and A	Address of New F	Registered /	Agent	
				81	Name T	SCHER	FRIED	ERINF	Ε	
	CHER, FRIEDERIKE	1		82	Street Addre	ss (P.O. Box Num	ber is Not Accepta	able)		
	WHITEHEAD STREET									
KEY	WEST FL 33040			83						
				84	City				85 Zip	Code
	to the provisions of Sections 607.050				,			<u>FL</u>		
12.	Signature, typed or printed name of registered age	ND DIRECTORS	13.		signature required		HANGES TO OF	FICERS AN	D DIRECTO	ORS IN 12
	T =	DELETE	1.1 Ti			ADDITIONAL	ANGES TO OF	FICENS AIT	Change	Addition
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NAME	GRANEL, ROSWITHA		1	-			,			
STREET ADDRESS	P				ADDRESS					
CITY-ST-ZIP	KEY WEST FL	□ DELETE		ITY-ST	- ZIP					
MLE	:	☐ DEFE IE		mc					Change	
NAME				ITLE					Change	Addition
STREET ADDRESS	1		2.2 N	IAME					Change	Addition
CITY-ST-ZIP			2.2 N. 2.3 S	IAME STREET	ADDRESS				☐ Change	Addition
			22 N 23 S 2.4 C	IAME STREET: CITY-ST						
TITLE		DELETE	22 N 2.3 S 2.4 C 3.1 Ti	IAME STREET: CITY-ST					Change	☐ Addition
	•	DELETE	2.2 N. 2.3 S 2.4 C 3.1 TI 3.2 N	IAME STREET: CITY-ST TITLE IAME	r-zip					-
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			22 N. 23 S 2. 4 C 3.1 TI 32 N 3.3 S 3.4 C 4.1 TI 4.2 N	CITY-ST TILE CITY-ST TILE CITY-ST TILE NAME	I-ZIP ADDRESS I-ZIP				Change	Addition
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TITLE NAME STREET ADDRESS CITY- ST- ZIP TITLE NAME STREET ADDRESS	3		22 N 23 S 2.4 C 3.1 Tl 32 N 33 S 34. C 4.1 Tl 4.2 N 4.3 S 4.4 C	IAME STREET; CITY-ST TILE LAME STREET; TILE NAME STREET; CITY-ST TILE	ADDRESS .				Change	<u>.</u>
TITLE VAME STREET ADDRESS CITY-ST-ZIP TITLE VAME STREET ADDRESS CITY-ST-ZIP	3	☐ DELETE	22 N 23 S 2.4 C 3.1 Tl 32 N 3.3 S 3.4 C 4.1 Tl 4.2 N 4.3 S 4.4 C 5.1 Tl 52 N	CITY-ST TILE NAME STREET, CITY-ST TILE NAME STREET, CITY-ST TILE MAME	ADDRESS	,			☐ Change	☐ Addition☐ Addition☐
ITLE IAME ITTEET ADDRESS ITTY-ST-ZIP ITTLE IAME ITTEET ADDRESS ITTY-ST-ZIP ITTLE	5	☐ DELETE	22 N 23 S 2.4 C 3.1 Tl 32 N 3.3 S 3.4 C 4.1 Tl 4.2 N 4.3 S 4.4 C 5.1 Tl 52 N	CITY-ST TILE NAME STREET, CITY-ST TILE NAME STREET, CITY-ST TILE MAME	ADDRESS .				☐ Change	☐ Addition☐ Addition☐

CITY-ST-ZIP 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, with all other like empowered.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ DELETE

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

☐ Addition

☐ Change