

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
Aug 04 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P94000052013 (7)

1. Corporation Name
FLIEG MIT, INC.

Principal Place of Business

8750 S OCEAN DR
APT 636
JENSEN BEACH FL 34957

Mailing Address

P.O. BOX 1117
JENSEN BEACH FL 34958

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 07/11/1994	3a. Date of Last Report 02/14/1996
4. FEI Number 65-0606657	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business

21 516 CAMDEN AVE

Suite, Apt. #, etc.

22

City & State

23 STUART, FL.

Zip

24 34994

Country

25 MARTIN

2a. Mailing Address

26 P.O. Box 288

Suite, Apt. #, etc.

27

City & State

28 STUART, FL

Zip

29 34995

Country

30 MARTIN

9. Name and Address of Current Registered Agent

ANDERSON, WILLIAM D JR.
789 S FEDERAL HWY
SUITE 103
STUART FL 34994

10. Name and Address of New Registered Agent

81 Name
ANDERSON, WILLIAM D JR
82 Street Address (P.O. Box Number is Not Acceptable)
516 CAMDEN AVE
83
84 City
STUART
FL 85 Zip Code
34994

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 time if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

7/24/97

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
D ANDERSON, WILLIAM D JR.
STREET ADDRESS
789 S FEDERAL HWY SUITE 103
CITY-ST-ZIP
STUART FL 34994

TITLE ☐ DELETE

NAME
DP HARRELL, DENNIS V.
STREET ADDRESS
8705 S OCEAN DR APT #636
CITY-ST-ZIP
JENSEN BEACH FL 34957

TITLE ☐ DELETE

NAME
DS HARRELL, INGEBORG
STREET ADDRESS
8705 S OCEAN DR APT #636
CITY-ST-ZIP
JENSEN BEACH FL 34957

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

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

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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: [Signature]

7/24/97

CR2E034 (4/97)