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

**PROFIT** CORPORATION ANNUAL REPORT

1997

appears in Block 12 or Block 13 if



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Socretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P94000077185 (4)

MITRE SALES & MARKETING, INC.

Principal Place of Business Mailing Address 1859 NE 33RD COURT 1859 NE 33RD COURT FORT LAUDERDALE FL 33306-1005 FT LAUDERDALE FL 33306 3. Date Incorporated or Qualified 3a. Date of Last Report 10/20/1994 08/07/1996 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 65-0632753 26 Not Applicable Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional П 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Country Zφ This corporation has liability for intangible tax under s. 199.032, Yes No 24 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 KARVVOSKI, DAVID B 1010 NE 16TH ST 82 FT LAUDERDALE FL 33304 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Floride 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 dialgetions of 800,0505, Florida Statutes. **SIGNATURE** pistored Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE 1.1 TO LE Change \_\_\_ Addition TITLE KARVOSKI, DAVID B NAME 1.2 NAME 1859 NE 33RD COURT STREET ADDRESS 1.3 STREET ADDRESS FT LAUDERDALE FL 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition 31 TITLE TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY - \$1 - ZIP CITY-ST-ZIP DELETE Addition 4.1 TITLE Change TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Add-tion TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 DITY-ST-7(P CITY-ST-ZIP DELETE Change Addition 6.1 TITLE TITLE NAME 6.2 NAME STREET ADDRESS 6.3 BTREET ADDRESS

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 path; that am an officer or director of the corporation or the receiver or trustee compowered to execute his report as required by Chapter 607, Florida Statules; and that my name

FILED May 13 1997 8:00am Secretary of State

