

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra D. Morlham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P 94 000081485 (2)
Corporation Name

MIRCEA, INC.

Principal Place of Business

Mailing Address

2038 HENLEY PL
FT. MYERS, FL 33901

2038 HENLEY PL
FT MYERS, FL 33901

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/7/94

4. FC Number

65-0537706

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 Fee

8. Has corporation owner, or has paid the current year intangible
Personal Property Tax due June 30

☒ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name WILLIAM A. MAHER

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

2038 HENLEY PL

84 City FT MYERS

FL

85 Zip Code 33901

1. Principal Place of Business

2. Suite, Apt. #, etc.

3. City & State

4. Zip

Country

26. Mailing Address

27. Suite, Apt. #, etc.

28. City & State

29. Zip

Country

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD
PLANTATION, FL 33324

11. Pursuant to the provisions of Sections 607.0542 and 607.1505, 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 provisions of Section 607.1505, Florida Statutes.

SIGNATURE

Signature of person or persons authorized to accept appointment as registered agent

(NOTE: If signed by agent, signature required after next filing)

5/25/98

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

14. I hereby certify that the information submitted with this filing does not equal to the information stated in Section 607.0542 and 607.1505, Florida Statutes, and that my signature shall have the same legal effect as if I were the
officer or director of the corporation or the owner or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my report appears in
Block 12 or Block 13 of this report, and an attachment with an address.

SIGNATURE:

ROBERT MAHER

PROES

4/20/98

300002550263
-06/08/98--01007--030
***150.00

CR2E034 (1097)

0420631

FILED
Jun 04 1998 8:00am
Secretary of State