

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

FILED
Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90076 024 ***150.00

0435872

DOCUMENT # P95000007822

1. Corporation Name
MITOS VENTURES INC.



Principal Place of Business

3020 S. COMBEE RD
EATON PARK FL 33840
US

Mailing Address

P. O. BOX 340
EATON PARK FL 33840
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 P.O. Box 340

2a. Mailing Address

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

City & State

23 Eaton Park

City & State

28

Zip

24 FL 33840

Country

25 US

Zip

29

Country

30

3. Date Incorporated or Qualified

01/30/1995

4. FEI Number

59-3300241

Applied For
Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

MAYER, CHARLES R
5835 BARTOW RD S.
LAKELAND FL 33813

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

TITLE ☐ DELETE

NAME P
PATEL, MAHESHKUMAR
STREET ADDRESS 1830 SANCHEZ AVE
CITY-ST-ZIP LAKELAND FL

TITLE ☐ DELETE

NAME VPS
PATEL JAYANTKUMAR
STREET ADDRESS 5532 HIGHLANDS VISTA CIR
CITY-ST-ZIP LAKELAND FL

TITLE ☐ DELETE

NAME T
PATEL VIRENDRAKUMAR
STREET ADDRESS 4920 TRADITION DRIVE
CITY-ST-ZIP LAKELAND FL

TITLE ☐ DELETE

NAME D
PATEL BHUPENDRA KUMAR
STREET ADDRESS 734 HONEYCUCKS CIR AVE
CITY-ST-ZIP CELEBRATION FL 34747

TITLE ☐ DELETE

NAME D
PATEL JYOTINDRAKUMAR
STREET ADDRESS 5185 WARRIOR LANE
CITY-ST-ZIP KISSIMMEE FL

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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-27-99 941-665-2433

CR2E034 (11/98)