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

Mailing Address

**PROFIT CORPORATION ANNUAL REPORT** 

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000078616 (6)

JOAN E. MITTAG REAL ESTATE, INC.

**FILED** May 02 1997 8:00am Secretary of State

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19505 QUESADA AVENUE OAKS III CONDOMINIUM OFFICE PORT CHARLOTTE FL 33948		1950S QUESADA AVENUE OAKS III CONDOMINIUM OFFICE PORT CHARLOTTE FL 33948-2127					
					3. Date Incorporated or Qualified 10/13/1995	3a. Date of Last R 05/01/1996	teport
2. Principal P	lace of Business	2a. Mailing Address	2a. Mailing Address		4. FEI Number	Ar	oplied For
21		26			65-0612723	No	ot Applicable
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.				\$0.75	Additional
22		27 City & State			5. Certificate of Status Desired Fee Required		
City & Stat	е	28			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
Zip	Country	Ζιρ	Country		8. This corporation has liability for intangible tax under s. 199.032,		
24	25	29	30		Florida Statutes		
9, Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
МПТ	AG, JOAN E			Name			
19505 QUESADA AVENUE							
	S III CONDOMINIUM OFFICE		[	32 Street Add	dress (P.O. Box Number is Not Acceptabl	e)	ļ
	T CHARLOTTE FL 33948		[	33			
				34 City		FL 85 Zip	Code
11. Pursuant office or r agent. I a	to the provisions of Sections 607.050 registered agent, or both, in the State in familiar with, and accept the oblig	02 and 607.1508, Florida State of Florida. Such change was ations of, Section 607.0505,	tutes, the ab s authorized Florida Statu	ove-named cor by the corpora tes.	rporation submits this statement for the pration's board of directors. I hereby accep		ts registered registered
SIGNATURE	Signature, typod or printed name of registered ag-	Managarah Tanahasha	VIII. Floring	A a set of countries when	uired when reinslating)	DATE	
12.		D DIRECTORS	13.	Agent signature requ	ADDITIONS/CHANGES TO OFFIC		95 INI 12
TITLE	0 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	DELETE	1,1 100	<u> </u>	ADDITIONS/OFFICIALS TO OFFICE	Change	Addition
NAME	MITTAG, JOAN E		1.2 NAI	· \		LLI Ollarigo	23 /100/1/01/
	19505 QUESADA AVENUE						
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TITLE	DELETE 2		21100			L Change	[_] Addition
NAME			2.2 NA	AE .			
STREET ADDRESS			2.3 S1A	EET ADDRESS			ļ
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STREET ADORESS			3.3, STF	EET ADDRESS			
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NAME			4. 2 NA	ME			l
STREET ADDRESS			4.3 STF	EET ADDRESS			)
CITY-ST-ZIP			4.4 CIT	Y-S1-ZIP			i
TITLE		DELETE	5 1 THT			☐ Change	Addition
NAME	ĺ		5.2 NAI	ae Ì			]
STREET ADDRESS			1	EE1 ADDRESS			
CITY-ST-ZIP			•	Y - S1 - 2/IP			Ţ
TITLE		DELETE	6.1 T(1)			Change	Addition
		C Official		1		CT Originge	
NAME			6.2∗NAI				
STREET ADDRESS				EE1 ADDRESS			ļ
CITY-ST-ZIP	<u> </u>		6.4 CIT	Y - 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: Of the State Joan E Mittag

4/25/07

041-1-29 21-88