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

FILED
Aug 24 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # **P96000047734 (4)**

1. Corporation Name
MIR PROJECTS CORPORATION

Principal Place of Business
~~2079 S. KIRKMAN ROAD~~
~~#157~~
~~ORLANDO FL 32811~~

Mailing Address
P.O. BOX 941312
MAITLAND FL 32794-1312

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 2134 Woodbridge Rd
Suite, Apt. #, etc.
22
City & State
23 Longwood FL
Zip 24 32779
Country 25 USA

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29
Country 30

3. Date Incorporated or Qualified
05/31/1996

4. FEI Number
59-0219460
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 Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. **Name and Address of Current Registered Agent**
~~FREDERICK, NANCY~~
~~2079 S. KIRKMAN ROAD~~
~~#157~~
~~ORLANDO FL 32811~~

10. **Name and Address of New Registered Agent**
81 Name Lisha Bottley
82 Street Address (P.O. Box Number is Not Acceptable) 2134 Woodbrige Rd
83
84 City Longwood FL 85 Zip Code 32779

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 Lisha Bottley
Signature of printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	VPD	☑ DELETE
NAME	FREDERICK, NANCY	
STREET ADDRESS	2079 S. KIRKMAN RD., #157	
CITY-ST-ZIP	ORLANDO FL 32811	
TITLE	PD	☐ DELETE
NAME	LAPOINTE, DANY	
STREET ADDRESS	2079 S. KIRKMAN RD., #157	
CITY-ST-ZIP	ORLANDO FL 32811	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	VPD	☐ Change ☑ Addition
1.2 NAME	Bottley, Lisha	
1.3 STREET ADDRESS	2134 Woodbridge Road	
1.4 CITY-ST-ZIP	Longwood, FL 32779	
2.1 TITLE	PD	☑ Change ☐ Addition
2.2 NAME	Lapointe, Daniel	
2.3 STREET ADDRESS	2134 Woodbridge Road	
2.4 CITY-ST-ZIP	Longwood, FL 32779	
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		

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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.

SIGNATURE Lisha Bottley 4/07/98 H97-8[illegible]-0193