

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  
Jun 01, 1999 8:00 am  
Secretary of State

06-01-1999 90036 002 \*\*\*150.00

DOCUMENT # P96000047734

1. Corporation Name  
MIR PROJECTS CORPORATION

Principal Place of Business  
2134 WOODBRIDGE RD  
LONGWOOD FL 32779

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

DO NOT WRITE IN THIS SPACE

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 the current year intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 710 East Central Blvd

2a. Mailing Address

26 Suite, Apt. #, etc.

City & State

23 Orlando Florida

City & State

28

Zip Country

24 32801 25 USA

Zip Country

29 30

9. Name and Address of Current Registered Agent

BOTTLEY, LISHA  
2134 WOODBRIDGE RD  
LONGWOOD FL 32779

10. Name and Address of New Registered Agent

81 Name Rupert Meghnnot

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

2030 Scholarie Ct.

83

84 City Orlando

FL

85 Zip Code 32817

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 VPD ☒ DELETE  
NAME BOTTLEY, LISHA  
STREET ADDRESS 2134 WOODBRIDGE RD  
CITY-ST-ZIP LONGWOOD FL 32779

TITLE PD ☐ DELETE  
NAME LAPOINTE, DANIEL  
STREET ADDRESS 2134 WOODBRIDGE RD  
CITY-ST-ZIP LONGWOOD FL 32779

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 Rupert Meghnnot  
1.3 STREET ADDRESS 2030 Scholarie Ct  
1.4 CITY-ST-ZIP Orlando FL 32817

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

06/02/99 407/422-1661  
Date Daytime Phone #

CR2E034 (11/98)

0089176