

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

FILED

May 19 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000052455 (8)**

1. Corporation Name
MIGHTY & MIGHTY, INC.

Principal Place of Business 1802-102 NORTH UNIVERSITY DRIVE, SUITE 203 PLANTATION FL 33322	Mailing Address 1802-102 NORTH UNIVERSITY DRIVE, SUITE 203 PLANTATION FL 33322
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 11244 Pines Blvd Suite, Apt. #, etc. 22 Bay 118 City & State 23 Pembroke Pines FL Zip 24 33025 Country 25 U.S.A		2a. Mailing Address 26 11244 Pines Blvd Suite, Apt. #, etc. 27 Bay 118 City & State 28 Pembroke Pines Zip 29 33025 Country 30 U.S.A		3. Date Incorporated or Qualified 06/19/1996
9. Name and Address of Current Registered Agent AMERILAWYER CHARTERED 343 ALMERIA AVENUE CORAL GABLES FL 33134		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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PTD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MIGHTY, NATASHA S		1.2 NAME	
STREET ADDRESS 1802-102 NORTH UNIVERSITY DRIVE, SUITE 203		1.3 STREET ADDRESS	
CITY - ST - ZIP PLANTATION FL 33322		1.4 CITY - ST - ZIP	
TITLE VSD	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MIGHTY, ANTHONY H		2.2 NAME	
STREET ADDRESS 1802-102 NORTH UNIVERSITY DRIVE, SUITE 203		2.3 STREET ADDRESS	
CITY - ST - ZIP PLANTATION FL 33322		2.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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.

SIGNATURE: **N. Mighty** **NATASHA MIGHTY** 04/29/98 954-432-8488

CR2E034 (10/97)