

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

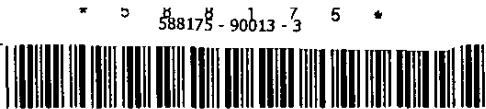
FILED
Jul 14, 1999 8:00 am
Secretary of State
07-14-1999 90013 003 ***150.00

DOCUMENT # **P97000032109** ✓

1. Corporation Name
MITCHELL'S FAVORITE MUFFIN, INC.

Principal Place of Business
**11401 PINES BLVD
PEMBROKE PINES FL 33026
US**

Mailing Address
**11682 N.W. 20TH DRIVE
CORAL SPRINGS FL 33071**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04/09/1997	
City & State		City & State		4. FEI Number	
Zip		Zip		65-0784921	
Country		Country		Applied For	
25		30		Not Applicable	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		5. Certificate of Status Desired	
MITCHELL, WILLIAM D		81 Name		<input type="checkbox"/> \$8.75 Additional Fee Required	
11682 N.W. 20TH DRIVE		82 Street Address (P.O. Box Number is Not Acceptable)		6. Election Campaign Financing	
CORAL SPRINGS FL 33071		83		<input type="checkbox"/> \$5.00 May Be Added to Fees	
		84 City		8. This corporation owes the current year	
		FL		Intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> No	
		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MITCHELL, WILLIAM D	1.2 NAME	
STREET ADDRESS	11682 N.W. 20TH DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS FL 33071	1.4 CITY-ST-ZIP	
TITLE	VP	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MITCHELL, CHRISTOPHER S	2.2 NAME	
STREET ADDRESS	142 PASADENA PLACE	2.3 STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES FL 33026	2.4 CITY-ST-ZIP	
TITLE		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		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		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		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:

7/1/99 954/432-4050

CR2E034 (5/99)

588175-90013-3
P97000032109

W.D. Mitchell
11682 NW 20 Dr.
Coral Springs, FL 33071
954/344-8114

July 7, 1999

To: Division of Corporations

From: Bill Mitchell

Sj: non-receipt of 1st 1999 Profit Corporation Annual Report

As I did not receive the referenced (initial) Report, please accept the attached \$150.00 check as payment in full of the filing fee, per my conversation with your office today.

Yours truly,

W.D. Mitchell

