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

**PROFIT** CORPORATION **ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000087698 (1)

MITCHELL NP ENTERPRISES, INC.

**FILED** May 11 1998 8:00am Secretary of State

| Principal Place of Business Mailing Address   |  |   | <del></del>                                 |   |
|---|--|---|---|---|
| 15476 NW 77TH COURT #262<br>MIAMI LAKES FL 33016  |  | 15476 NW 77TH COURT #262  |   |   |
| MINIM CHAC  | 2 LT 03016   | MIAMI LAKES FL 33016  |   | DO NOT WRITE IN THIS SPACE  |
|   |  |   |   | 3. Date Incorporated or Qualified   |
| A Dilai (D  |  | Ta 11 11 A 11   |   | 10/09/1997  |
| 2. Principal P  | R W S S T  | 2a. Mailing Address   | (BYN 8                                      | 4. FEI Number Applied For Not Applicable  |
| Suite, Apt.   | <u> </u>   | 26 X 10 C Y Y Suite, Apt. #, etc.                                   |   | S8 75 Additional  |
| 22  |  | 27  |   | 5. Certificate of Status Desired Fee Required   |
| City & State  |  | City & State  | 101   | 6. Election Campaign Financing \$5.00 May Be  |
| 33月1日   | Country  | 28 71/71/2/4-17   | Country                                     | Trust Fund Contribution   |
| a <b>あ</b> ろ(   | OLG 25 DADE  | 33016   | - A A- /                                    | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. 2 Yes No  |
|   | 9. Name and Address of Current                                     | 150   |   | 10. Name and Address of New Registered Agent  |
| MITCHELL, NATHANIEL 81 Name   |  |   |   |   |
| 15476 NW 77TH COURT #262  |  |   | 82 Street A                                 | Address (P.O. Box Number is Not Acceptable)   |
| MIAMI LAKES FL 33016  |  |   | 83  |   |
|   |  |   | 63  |   |
|   |  |   | 84 City                                     | FL 85 Zip Code  |
| 11. Pursuant to the provisions of Sections 607 0502 and 607 1508. Florida Statutes, the above-paged compretion submits this statement for the purpose of charging 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   |  |   |   |   |
| 12.   | Signature, typed or printed hance of registered agent OFFICERS AND |   | egistered Agent signature i                 | required when reinstating)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12   |
| TITLE   | President /  | ☐ DELETE  |   | V. President, Sec., Treasurer   Change   Addition   |
| NAME  | Nathaniel Witchel  | Sina  | 1.2 NAME                                    | Shapon MHChell  |
| STREET ADORESS  | 14443 SW/155 P1  | JM<br>J 4000  | 1.3 STREET ADDRESS                          | 14412 SW 155 Pl   |
| CITY-ST-ZIP   | Migmi FL 3310  | 6   | 1.4 CITY - ST - ZIP                         | Miami PC 33196  |
| TITLE   |  | ĹĴ DEL <b>e</b> te  | 2.1 TITLE                                   | President Change Addition   |
| NAME<br>STREET ADDRESS  |  |   | 2.2 NAME<br>2.3 STREET ADDRESS              | Nathaniel Mitchell  |
| CITY-ST-ZIP   | _  |   | 2.4 City-St-Zip                             | 14449 EM 185 PI   |
| TITLE   |  | ☐ DELETE  | 3.1 TITLE                                   | ☐ Change ☐ Addition   |
| NAME  |  |   | 3.2 NAMÉ                                    |   |
| STREET ADDRESS  |  |   | 3.3 STREET ADDRESS                          |   |
| CITY-ST-ZIP   |  | Deter   | 3.4. CITY - ST - ZIP                        | Channe D Addition   |
| TITLE   |  | ☐] DEFELE   | 4.1 TITLE                                   | L Change L Addition   |
| STREET ADDRESS  |  |   | 4. 2 NAME<br>4.3 STREET ADDRESS             |   |
| CITY-ST-ZIP   |  |   | 4 4 CITY-ST-ZIP                             |   |
| TITLE   |  | DELETE  | 5.1 TITLE                                   | ☐ Change ☐ Addition   |
| NAME  |  | -   | 5.2 NAME                                    | _ · <u> </u>  |
| STREET ADDRESS  |  |   | 5.3 STREET ADDRESS                          |   |
| CITY-\$T-ZIP  |  |   | 5.4 CITY-ST-ZIP                             |   |
| TITLE   |  | ☐ DELĒTE  | 6.1 TITLE                                   | ☐ Change ☐ Addition   |
| NAME  |  |   | 6.2 NAME                                    | •   |
| STREET ADDRESS  |  |   | 6.3 STREET ADDRESS                          |   |
| CITY-ST-ZIP   | satify that the information aventing with                          | this filips done not availt. for                                    | 6.4 CITY-ST-ZIP                             | d in Coption 110 07/2VI) Elected Statutes 1 England and the Indian  |
| indicated   | on this annual report or supplied with                             | runs ming does not quainy for t<br>annual report is true and accura | ne exemption stated<br>ate and that my sion | d in Section 119.07(3)(i), Florida Statutes. I further certify that the information nature shall have the same legal effect as if made under oath; that I am an |

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 a 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 in on an attachment with an address.