

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  
Mar 17, 1999 8:00 am  
Secretary of State

03-17-1999 90046 015 \*\*\*150.00

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1. Corporation Name

MITCHELL, STEVENS & KLEIN, INC.

Principal Place of Business

9070 KIMBERLY BLVD. STE. 27-142  
BOCA RATON FL 33434

Mailing Address

9070 KIMBERLY BLVD. STE. 27-142  
BOCA RATON FL 33434

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/09/1998

4. FEI Number

65-0874637

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 1300 N. FEDERAL Hwy

Suite Apt. #, etc. Suite

22 106

23 BOCA RATON, FL

Zip

24 33432

Country

25 USA

2a. Mailing Address

26 1300 N. Federal Hwy

Suite Apt. #, etc. Suite

27 Suite 106

28 BOCA RATON, FL

Zip

29 33432

Country

30 USA

9. Name and Address of Current Registered Agent

ROSILLO, ROBERT A  
501 SEA OATS DRIVE STE. A-1  
JUNO BEACH FL 33408

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

TITLE D ☐ DELETE

NAME BATTAGLIA, DEBRA A  
STREET ADDRESS 301 S.W. 1ST ST. APT. D-312  
CITY-ST-ZIP BOCA RATON FL 33433

TITLE D ☐ DELETE

NAME TORTCELLO, DANIEL J  
STREET ADDRESS 22272 CALIBRE APT. 2103  
CITY-ST-ZIP BOCA RATON FL 33433

TITLE D ☐ DELETE

NAME OLIFF, MARK  
STREET ADDRESS 3031 GUILFORD B CENTURY VILLAGE  
CITY-ST-ZIP BOCA RATON FL 33434

TITLE D ☐ DELETE

NAME HUGHES, ALLAN G  
STREET ADDRESS 269 N.W. 69TH ST.  
CITY-ST-ZIP BOCA RATON FL 33487

TITLE D ☐ DELETE

NAME HUGHES, PATRICIA  
STREET ADDRESS 269 N.W. 69TH ST.  
CITY-ST-ZIP BOCA RATON FL 33487

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE BATTAGLIA, Debra A. ☒ Change ☐ Addition

1.2 NAME  
1.3 STREET ADDRESS 10236 BOCA ENTRADA BLVD. #105  
1.4 CITY-ST-ZIP BOCA RATON, FL 33428

2.1 TITLE D ☒ Change ☐ Addition

2.2 NAME TORTORELLO, Daniel J  
2.3 STREET ADDRESS 22272 Calibre Apt. 2103  
2.4 CITY-ST-ZIP BOCA RATON, FL 33433

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:

Debra Battaglia

Date

Daytime Phone #

561-362-6669

CR2E034 (11/98)