FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
Division of Corporations

APPROVED AND FILED

95 MAY -1 AM 12:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S57617** **(O)**

1. Corporate Name
MIGHTY PRODUCTS INC.

Principal Place of Business
6376 FOSTER ST.
PALM BEACH GARDENS FL 33418

Mailing Address
6376 FOSTER ST.
PALM BEACH GARDENS FL 33418

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/05/1991
3a. Date of Last Report: 03/01/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite Apt. # (22)
Suite Apt. # (27)
City & State (23)
City & State (28)
Zip (24) County (25)
Zip (29) County (30)

4. FEI Number: 65-0261460 — 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 has liability for intangible tax under s. 199.032, Florida Statutes: ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
STRALEY, JOYCE V.
2000 PGA
SUITE 2104
PALM BEACH GARDENS 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 Section [illegible], the undersigned corporation submits the 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, [illegible] Florida Statutes.

SIGNATURE [illegible] DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	TITLE	☐ Change ☐ Addition
NAME	PRICE, JEFF	NAME	
STREET ADDRESS	6376 FOSTER ST.	STREET ADDRESS	
CITY ST ZIP	PALM BCH GARDENS FL	CITY ST ZIP	
TITLE	D	TITLE	☐ Change ☐ Addition
NAME	PRICE, JOYCE	NAME	
STREET ADDRESS	6376 FOSTER ST.	STREET ADDRESS	
CITY ST ZIP	PALM BCH GARDENS FL	CITY ST ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY ST ZIP		CITY ST ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY ST ZIP		CITY ST ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY ST ZIP		CITY ST ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY ST ZIP		CITY ST ZIP	

14. I hereby certify that the information supplied with this report, including any changes, is true and complete to the extent required by Section 607.0208(8), Florida Statutes. Further, I certify that the information indicated on this or any supplemental annual report, if not in conflict with the records of the corporation, is true and complete, 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 agent designated to sign the report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of Chapter [illegible] as an officer or director.

SIGNATURE: X [signature] JEFF PRICE X 4/27/95 407 741-3119
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0284530 CP