

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morton  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # S57617 (0)**

1. Corporation 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**

2. Principal Place of Business

**21 306 TIMBERWOOD**

Suite, Apt. #, etc.

2a. Mailing Address

**26 306 TIMBERWOOD**

Suite, Apt. #, etc.

**22 City & State**  
**23 PALM BEACH GARDENS**

**27 City & State**  
**28 PALM BEACH GARDENS**

**24 33418**

**25 PALM BEACH**

**29 33418**

**30 PALM BEACH**

9. Name and Address of Current Registered Agent

**STRALEY, JOYCE V.  
2000 PGA  
SUITE 2104  
PALM BEACH GARDENS FL 33408**

3. Date Incorporated or Qualified

**06/05/1991**

3a. Date of Last Report

**05/01/1995**

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. 190.032, Florida Statutes

☒ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

**JEFF PRICE**

82 Street Address (P.O. Box Number is Not Acceptable)

**306 TIMBERWOOD**

83

84 City

**PALM BEACH GARDENS**

FL

85 Zip Code

**33418**

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 duties of, Section 607.0505, Florida Statutes.

SIGNATURE

*Jeff Price*

**JEFF PRICE**

**x 8/11/96**

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE  
NAME **D PRICE, JEFF**  
STREET ADDRESS **6376 FOSTER ST.**  
CITY-ST-ZIP **PALM BCH GARDENS FL**

TITLE ☐ DELETE  
NAME **D PRICE, JOYCE**  
STREET ADDRESS **6376 FOSTER ST.**  
CITY-ST-ZIP **PALM BCH GARDENS FL**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☒ Addition  
1.2 NAME **D PRICE, JEFF**  
1.3 STREET ADDRESS **306 TIMBERWOOD**  
1.4 CITY-ST-ZIP **PALM BEACH GARDENS, FL-33418**

2.1 TITLE ☒ Change ☒ Addition  
2.2 NAME **D PRICE, JOYCE**  
2.3 STREET ADDRESS **306 TIMBERWOOD**  
2.4 CITY-ST-ZIP **PALM BEACH GARDENS, FL-33418**

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(c), Florida Statutes. I further certify that the information included 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:

*Jeff Price*

**JEFF PRICE**

**x 8/11/96**

**(407 627-0423)**

(Type the Name of Signing Officer or Director)

CR2E034 (12/95)