

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # V13590

(7)

1. Corporation Name

LOIS MITCHELL, INC.

Principal Place of Business

610 S E 6TH AVENUE
DELRAY BEACH FL 33483
US

Mailing Address

610 S.E. 6TH AVE
DELRAY BCH FL 33483
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

3. Date Incorporated or Qualified

01/29/1992

3a. Date of Last Report

05/01/1995

4. FEI Number

65-0313440

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

LEVIN, MITCHELL
7914 PALACIO DEL MAR DR
BOCA RATON FL 33433

10. Name and Address of New Registered Agent

81 Name

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

7945 PALACIO DEL MAR DR

83

84 Boca Raton

FL

85 Zip Code
33433

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 fee (if applicable)

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME LEVIN, LOIS
STREET ADDRESS 7914 PALACIO DEL MAR DR
CITY-ST-ZIP BOCA RATON FL

☐ DELETE

TITLE VD
NAME LEVIN, MITCHELL
STREET ADDRESS 7914 PALACIO DEL MAR DR
CITY-ST-ZIP BOCA RATON FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

1.1 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

7945 PALACIO DEL MAR DR
BOCA RATON, FL 33433

2.1 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

7945 PALACIO DEL MAR DR
BOCA RATON, FL 33433

3.1 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

☐ Change ☐ Addition

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)(k), 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:

Signature and typed or printed name of signing officer or director
MITCHELL LEVIN - MITCHELL LEVIN

4/25/96

(407) 274-4149

CR2E034 (12/95)