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CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 18 PM 5:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V46497** **(6)**

1. Corporation Name
WILLIAM & MITRI, INC.

Principal Place of Business	Mailing Address
5770 W LR LO BRONSON MEMORIAL HWY STE 202 KISSIMMEE FL 32746 US	C/O DONNA L. BRAVES 120 E. CONCORD ST. ORLANDO FL 32801 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 5770 W. IRLO Bronson Mem HWY	
22 Suite, Apt #, etc. Ste 202	27 Suite, Apt #, etc. SAME
23 City & State Kissimmee, FL	28 City & State
24 Zip 34746 · 25 Country	29 Zip · 30 Country

3. Date Incorporated or Qualified **06/24/1992**
3a. Date of Last Report **03/21/1994**
4. FEI Number **59-3129314** ☐ 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

DRAVES, DONNA L
120 E CONCORD ST
ORLANDO FL 32801

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 Donna L Draves DATE 4/13/95

(Signature, typed or printed name of registered agent and title if applicable) NOTE: Registered Agent signature required when reinstating

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DST	1 1 TITLE	☐ Change ☑ Addition
NAME	HOMSI, DIANE	1 2 NAME	
STREET ADDRESS	8106 CHIANTI DRIVE	1 3 STREET ADDRESS	
CITY ST ZIP	ORLANDO FL	1 4 CITY ST ZIP	32836
TITLE	DP	2 1 TITLE	☐ Change ☑ Addition
NAME	HOMSI, MITRI	2 2 NAME	
STREET ADDRESS	8106 CHIANTI DRIVE	2 3 STREET ADDRESS	
CITY ST ZIP	ORLANDO FL	2 4 CITY ST ZIP	32836
TITLE		3 1 TITLE	☐ Change ☐ Addition
NAME		3 2 NAME	
STREET ADDRESS		3 3 STREET ADDRESS	
CITY ST ZIP		3 4 CITY ST ZIP	
TITLE		4 1 TITLE	☐ Change ☐ Addition
NAME		4 2 NAME	
STREET ADDRESS		4 3 STREET ADDRESS	
CITY ST ZIP		4 4 CITY ST ZIP	
TITLE		5 1 TITLE	☐ Change ☐ Addition
NAME		5 2 NAME	
STREET ADDRESS		5 3 STREET ADDRESS	
CITY ST ZIP		5 4 CITY ST ZIP	
TITLE		6 1 TITLE	☐ Change ☐ Addition
NAME		6 2 NAME	
STREET ADDRESS		6 3 STREET ADDRESS	
CITY ST ZIP		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)(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: Diane Homsi 4/13/95 (407) 397-0100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR · Date · Daytime Phone #

Diane Homsi

0083384 CP