

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED  
Apr 14 1997 8:00am  
Secretary of State

|                                                       |                                                                                   |                                                                                                           |
|-------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| PROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1997</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|-------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|

DOCUMENT # **413667** (7)

1. Corporation Name  
**A FINISHING TOUCH BY MICHELLE, INC.**

Principal Place of Business  
**P O BOX 320308  
COCOA BCH FL 32932-0308  
US**

Mailing Address  
**P O BOX 320308  
COCOA BCH FL 32932-0308  
US**



|                                                                                                                                                                                  |  |                                                                                                                                                                      |  |                                                                                                                                                  |                                              |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|
| 2. Principal Place of Business<br>21 <b>P. O. BOX 320340</b><br>Suite, Apt. #, etc.<br>22<br>City & State<br>23 <b>COCOA BEACH, FL</b><br>24 <b>32932-0340</b> 25 <b>brevard</b> |  | 2a. Mailing Address<br>26 <b>P. O. Box 320340</b><br>Suite, Apt. #, etc.<br>27<br>City & State<br>28 <b>COCOA BEACH FL</b><br>29 <b>32932-0340</b> 30 <b>brevard</b> |  | 3. Date Incorporated or Qualified<br><b>11/28/1972</b>                                                                                           | 3a. Date of Last Report<br><b>04/12/1996</b> |
|                                                                                                                                                                                  |  |                                                                                                                                                                      |  | 4. FEI Number<br><b>59-1427676</b>                                                                                                               | Applied For<br>Not Applicable                |
|                                                                                                                                                                                  |  |                                                                                                                                                                      |  | 5. Certificate of Status Desired <input type="checkbox"/>                                                                                        | <b>\$8.75</b> Additional Fee Required        |
|                                                                                                                                                                                  |  |                                                                                                                                                                      |  | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>                                                                  | <b>\$5.00</b> May Be Added to Fees           |
|                                                                                                                                                                                  |  |                                                                                                                                                                      |  | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No |                                              |

9. Name and Address of Current Registered Agent

**LEHR, MICHELLE M.  
210 LONG POINT RD.  
CAPE CANAVERAL FL 32920**

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 re-stating)

DATE

| 12. OFFICERS AND DIRECTORS                     |                                                                                                                | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12          |                                                                   |
|------------------------------------------------|----------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|-------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>PSTD<br/>LEHR, MICHELLE M.<br/>210 LONG POINT RD.<br/>CAPE CANAVERAL FL</b> <input type="checkbox"/> DELETE | 1.1 TITLE<br>1.2 NAME<br>1.3 STREET ADDRESS<br>1.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>VO<br/>MARJORY, BRANNIN T.<br/>210 LONG POINT RD.<br/>CAPE CANAVERAL FL</b> <input type="checkbox"/> DELETE | 2.1 TITLE<br>2.2 NAME<br>2.3 STREET ADDRESS<br>2.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> DELETE                                                                                | 3.1 TITLE<br>3.2 NAME<br>3.3 STREET ADDRESS<br>3.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> DELETE                                                                                | 4.1 TITLE<br>4.2 NAME<br>4.3 STREET ADDRESS<br>4.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> DELETE                                                                                | 5.1 TITLE<br>5.2 NAME<br>5.3 STREET ADDRESS<br>5.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> DELETE                                                                                | 6.1 TITLE<br>6.2 NAME<br>6.3 STREET ADDRESS<br>6.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

14. I do 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.

SIGNATURE:

*Michelle M Lehr*  
MICHELLE M LEHR, PRES

4-8-97

407-784-3241

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)