

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

FILED
Mar 19 1996 8:00 am
Secretary of State

DOCUMENT # 835146 (2)
1. Corporation Name
MICHIGAN DRILL CORPORATION



Principal Place of Business Mailing Address
**8405 N.W. 66 ST.
MIAMI FL 33166-2630
US**

3. Date Incorporated or Qualified **10/02/1975** 3a. Date of Last Report **03/08/1995**
4. FEI Number **38-1852624** 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

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip Country 29 Country 30

9. Name and Address of Current Registered Agent
**ASH, HYMAN
8405 N.W. 66 ST
MIAMI FL 33166**

10. Name and Address of New Registered Agent
81 Name **MICHAEL I. REIS**
82 Street Address (P.O. Box Number is Not Acceptable) **8405 NW 66 STREET**
83
84 City **MIAMI** FL 85 Zip Code **33166**

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]* **MICHAEL I. REIS** DATE: **1/30/96**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	VTD	<input type="checkbox"/> DELETE
NAME	ASH, HYMAN	
STREET ADDRESS	7373 S W 115 CT	
CITY - ST - ZIP	MIAMI, FL 00000	
TITLE	PDS	<input type="checkbox"/> DELETE
NAME	KANDARIAN, RICHARD	
STREET ADDRESS	1863 LARCHWOOD	
CITY - ST - ZIP	TROY MI	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	EXECUTIVE vice pres./treas./Dir. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	HYMAN I. ASH
1.3 STREET ADDRESS	144 BUGBY HOLE
1.4 CITY - ST - ZIP	CHRISTIANSTED, ST. CROIX, VI 00820
2.1 TITLE	PRESIDENT/SENIOR DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	RICHARD KANDARIAN
2.3 STREET ADDRESS	144 BUGBY HOLE, APT 1
2.4 CITY - ST - ZIP	CHRISTIANSTED, ST. CROIX, VI 00820
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)(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]* DATE: **1/30/96** DAYTIME PHONE #: **(809) 772-5511**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)