

FILED
Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90120 002 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 835146
 1. Corporation Name
MICHIGAN DRILL CORPORATION



Principal Place of Business 8405 N.W. 66 ST. MIAMI FL 33166-2630 US	Mailing Address 8405 N.W. 66 ST. MIAMI FL 33166-2630 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 10/02/1975	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 owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
REIS, MICHAEL I.
 8405 NW 66 STREET
 MIAMI FL 33166

10. Name and Address of New Registered Agent
 81 Name **STEVEN KRINGOLD**
 82 Street Address (P.O. Box Number is Not Acceptable)
8405 N.W. 66TH 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]* DATE *4/27/99*

12. OFFICERS AND DIRECTORS		DELETED
TITLE	VTD	<input type="checkbox"/>
NAME	ASH, HYMAN	
STREET ADDRESS	RRC P O BOX 9902	
CITY-ST-ZIP	KINGSHILL ST-CROIX VI 00850	
TITLE	PDS	<input type="checkbox"/>
NAME	KANDARIAN, RICHARD	
STREET ADDRESS	RR2 P O BOX 9902	
CITY-ST-ZIP	KINGSHILL ST-CROIX VI 00850	
TITLE	AS	<input checked="" type="checkbox"/>
NAME	REIS, MICHAEL I	
STREET ADDRESS	MIAMI, FL	
CITY-ST-ZIP	MIAMI FL 33166-2630	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE	AS	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3.2 NAME	KRINGOLD, STEVEN		
3.3 STREET ADDRESS	8405 NW 66 STREET		
3.4 CITY-ST-ZIP	MIAMI, FL 33166		
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I 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, with all other like empowered.

SIGNATURE: *[Signature]* DATE: 4/21/99 (305)592-7777

CR2E034 (1/98)