

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F66186** (0)

1. Corporation Name  
**M.C. BIRCH & ASSOCIATES, INC.**



Principal Place of Business: P.O. BOX 50222, POMPANO BEACH FL 33074  
Mailing Address: P.O. BOX 50222, POMPANO BEACH FL 33074

3. Date Incorporated or Qualified: **02/08/1982**  
3a. Date of Last Report: **03/15/1995**  
4. FEIN Number: **59-2154520**  
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. 190.032, Florida Statutes:  Yes  No

2. Principal Place of Business (21-24) and 2a. Mailing Address (26-30) fields with sub-headers for Suite, Apt. #, etc., City & State, Zip, and County.

9. Name and Address of Current Registered Agent: **BIRCH, MICHAEL C. 1001 E. SAMPLE RD SUITE E-10 POMPANO BCH FL 33064**  
10. Name and Address of New Registered Agent (81-85) fields: Name, Street Address, City, State (FL), Zip Code.

11. Pursuant to the provisions of Sections 607.07(2) and 607.1503, 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 607.06(5), Florida Statutes.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b>	11 TITLE	<b>P</b>
NAME	<b>BIRCH, MICHAEL C.</b>	12 NAME	<b>Birch Michael C</b>
STREET ADDRESS	<del>820 SE 9 ST #101</del>	13 STREET ADDRESS	<b>1001 E Sample Rd Suite E-10</b>
CITY-ST-ZIP	<del>DEERFIELD BEACH FL</del>	14 CITY-ST-ZIP	<b>Pompano Bch FL 33064</b>
TITLE	<input type="checkbox"/> DELETE	15 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		16 NAME	
STREET ADDRESS		17 STREET ADDRESS	
CITY-ST-ZIP		18 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	19 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		20 NAME	
STREET ADDRESS		21 STREET ADDRESS	
CITY-ST-ZIP		22 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	23 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		24 NAME	
STREET ADDRESS		25 STREET ADDRESS	
CITY-ST-ZIP		26 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	27 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		28 NAME	
STREET ADDRESS		29 STREET ADDRESS	
CITY-ST-ZIP		30 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 190.07(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 the 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: *Michael C. Birch Pres* 4/8/96 954 303 786-8166  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)