

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

**FILED**  
**Mar 10 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # H60913 (1)**

1. Corporation Name  
**MICHELSON DEVELOPMENT CORP.**

Principal Place of Business 10006 WEST BROADVIEW DRIVE BAY HARBOR ISLAND FL 33154	Mailing Address 10006 WEST BROADVIEW DRIVE BAY HARBOR ISLAND FL 33154
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 150 S. Pine Island Road	26 150 S. Pine Island Road			06/07/1985	
22 Suite 110	27 Suite 110			4. FEI Number	
23 Plantation, FL	28 Plantation, FL			59-2549062	
24 33324	29 33324			5. Certificate of Status Desired <input type="checkbox"/>	
25 USA	30 USA			Applied For	
				Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**MICHELSON, EDWARD**  
 10006 W BROADVIEW DR.  
 BAY HAROR ISLANDS FL 33154

10. Name and Address of New Registered Agent

81 Name	Edward Michelson
82 Street Address (P.O. Box Number is Not Acceptable)	150 S. Pine Island Road
83	Suite 110
84 City	Plantation FL 85 Zip Code 33324

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: 3/3/98

12. OFFICERS AND DIRECTORS

TITLE	DPT	<input type="checkbox"/> DELETE
NAME	MICHELSON, EDWARD A.	
STREET ADDRESS	10006 W. BROADVIEW DR.	
CITY-ST-ZIP	BAY HARBOR ISLS. FL	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	MICHELSON, ROGER	
STREET ADDRESS	10006 W. BROADVIEW DR.	
CITY-ST-ZIP	BAY HARBOR ISLS. FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	MICHELSON, BRUCE	
STREET ADDRESS	10006 W BROADVIEW DR	
CITY-ST-ZIP	BAY HARBOR ISLS FL	
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	DPT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Michelson, Edward A.	
1.3 STREET ADDRESS	150 S. Pine Island Road, Suite 110	
1.4 CITY-ST-ZIP	Plantation, FL 33324	
2.1 TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Michelson, Roger	
2.3 STREET ADDRESS	150 S. Pine Island Road, Suite 110	
2.4 CITY-ST-ZIP	Plantation, FL 33324	
3.1 TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Michelson, Bruce	
3.3 STREET ADDRESS	150 S. Pine Island Road, Suite 110	
3.4 CITY-ST-ZIP	Plantation, FL 33324	
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 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: *[Signature]* DATE: 3/3/98 PHONE: 954-424-7371

CR2E034 (10/97)