

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

FILED
Mar 20 1996 8:00 am
Secretary of State

DOCUMENT # **J91760** (5)

1. Corporation Name
MIC-DEL CORP.



Principal Place of Business

Mailing Address

% MICHAEL DELUCA
1115 N FEDERAL HWY
BOYNTON BEACH FL 33435

% MICHAEL DELUCA
1115 N FEDERAL HWY
BOYNTON BEACH FL 33435

2. Principal Place of Business

2a. Mailing Address

21 **1115 N Federal Hwy**

26 **Same**

State, Apt. #, etc.

State, Apt. #, etc.

22 **Boynton Beach, FL**

27 City & State

City & State

23 **33435**

28 Zip

Zip

Country

24 **FL**

25 **FLC**

29

30

9. Name and Address of Current Registered Agent

DELUCA, MICHAEL
4300 WHITE FEATHER TR
BOYNTON BEACH FL 33436

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 607.0102 and 607.1505, 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 *Michael Deluca Pres. Michael Deluca Pres.*

2-7-96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	DELUCA, MICHAEL	
STREET ADDRESS	1115 N FEDERAL HWY	
CITY-STATE-ZIP	BOYNTON BEACH FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	DELUCA, MICHAEL	
STREET ADDRESS	1115 N FEDERAL HWY	
CITY-STATE-ZIP	BOYNTON BCH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-STATE-ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	
8. CITY-STATE-ZIP	
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY-STATE-ZIP	
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. CITY-STATE-ZIP	
17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME	
19. STREET ADDRESS	
20. CITY-STATE-ZIP	

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03/20/96-01025-020
*****1043.75**

Y.M.M.
3-20-96

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: *Michael Deluca Pres. Michael Deluca Pres.*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-7-96

407-734-8866

CR2E034 (12/95)