

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Suzanne B. Mathiam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **K29203** (2)
1. Corporation Name
MI-DEAR CORP.



Principal Place of Business: **1108 KANE CONCOURSE SUITE 307 BAY HARBOR ISLANDS FL 33154**
Mailing Address: **1108 KANE CONCOURSE SUITE 307 BAY HARBOR ISLANDS FL 33154**

21	22	23	24	25	26	27	28	29	30
2. Principal Place of Business					2a. Mailing Address				
Suite, Apt. #, etc.					Suite, Apt. #, etc.				
City & State					City & State				
Zip					Zip				
Country					Country				
g. Name and Address of Current Registered Agent									

**WEITHORN, JEFFREY
1221 BRICKELL AVE
MIAMI FL 33131**

3. Date Incorporated For or Affected	3a. Date of Last Report
07/21/1988	04/14/1995
4. FET Number	Applied For
65-0073474	Not Applicable
5. Certificate of Status Declared	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes.	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
10. Name and Address of New Registered Agent	

81	Name	
82	Street Address (P.O. Box Number is Not Acceptable)	
83		
84	City	Zip Code
	FL	85

11. Pursuant to the provisions of Sections 607.011 and 607.012, 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. The duly approved appointment as registered agent is annexed hereto, and accepts the obligations of Section 607.011(2)(b), Florida Statutes.

SIGNATURE

12.	OTHER OFFICERS AND DIRECTORS	<input type="checkbox"/> DELETE
NAME	DV MICHELSON, ROGER	
STREET ADDRESS	1108 KANE CONCOURSE #307	
CITY-STATE-ZIP	BAY HBR ISLANDS FL	
TITLE	DPT	<input type="checkbox"/> DELETE
NAME	MICHELSON, EDWARD	
STREET ADDRESS	1108 KANE CONCOURSE #307	
CITY-STATE-ZIP	BAY HBR ISLANDS FL	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	MICHELSON, BRUCE	
STREET ADDRESS	1108 KANE CONCOURSE 307	
CITY-STATE-ZIP	BAY HARBOR ISLANDS 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

13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1 NAME		
12 STREET ADDRESS		
13 CITY-STATE-ZIP		
14 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
15 NAME		
16 STREET ADDRESS		
17 CITY-STATE-ZIP		
18 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
19 NAME		
20 STREET ADDRESS		
21 CITY-STATE-ZIP		
22 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
23 NAME		
24 STREET ADDRESS		
25 CITY-STATE-ZIP		
26 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this form voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(a), Florida Statutes. I further certify that the information indicated on this annual report or supplementary 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 trustee or trustee-organized trust and this report is required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report. I am not an officer or director of the corporation.

SIGNATURE:

Bruce Michelson **BRUCE MICHELSON**

4/2/96 305-868-8300

CR2E034 (12/95)