

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

FILED
Mar 20 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 150 S. Pine Island Road Suite, Apt. #, etc. 22 Suite 110 City & State 23 Plantation, FL Zip 24 33324	2a. Mailing Address 26 150 S. Pine Island Road Suite, Apt. #, etc. 27 Suite 110 City & State 28 Plantation, FL Zip 29 33324	Country 25 USA	Country 30 USA
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3. Date Incorporated or Qualified
07/21/1988

4. FEI Number
65-0073474

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 or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

STEVEN KATZ, ESQ
515 E LAS OLAS BLVD STE 1500
FT LAUDERDALE FL 33301

10. Name and Address of New Registered Agent

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 607.0502 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	DV	<input type="checkbox"/> DELETE
NAME	MICHELSON, ROGER	
STREET ADDRESS	1108 KANE CONCOURSE #307	
CITY-ST-ZIP	BAY HBR ISLANDS FL	
TITLE	DPT	<input type="checkbox"/> DELETE
NAME	MICHELSON, EDWARD	
STREET ADDRESS	1108 KANE CONCOURSE #307	
CITY-ST-ZIP	BAY HBR ISLANDS FL	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	MICHELSON, BRUCE	
STREET ADDRESS	1108 KANE CONCOURSE 307	
CITY-ST-ZIP	BAY HARBOR ISLANDS FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Michelson, Roger	
1.3 STREET ADDRESS	150 S. Pine Island Road, Suite 110	
1.4 CITY-ST-ZIP	Plantation, FL 33324	
2.1 TITLE	DPT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Michelson, Edward	
2.3 STREET ADDRESS	110 S. Pine Island Road, Suite 110	
2.4 CITY-ST-ZIP	Plantation, FL 33324	
3.1 TITLE	DS	<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: *Edward Michelson* Edward Michelson 3/3/98 954-424-7371

CR2E034 (10/97)