

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

PROFIT CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **M44317 (9)**

1. Corporation Name  
**MI-LAN FLORIDA INVESTMENTS, INC.**



Principal Place of Business Mailing Address  
**1048 KANE CONCOURSE  
STE. 2B  
BAY HARBOR FL 33154  
US**

3. Date Incorporated or Qualified **12/31/1986** 3a. Date of Last Report **02/27/1995**

2. Principal Place of Business 2a. Mailing Address  
21 State, Apt. #, etc. 26 Sube. Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Zip Country 29 Zip Country 30

4. FEI Number **59-2756699** Applied For Not Applicable  
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. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

**GADINSKY, MARILYN  
1048 KANE CONCOURSE  
STE. 2B  
BAY HARBOR FL 33154**

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

Signature of the corporation or registered agent as applicable

(NOTE: Registered Agent signature is required when re-instating)

DATE

12. OFFICERS AND DIRECTORS  
NAME: **PST GADINSKY, MARILYN**  DELETE  
STREET ADDRESS: **1048 KANE CONCOURSE #2B**  
CITY-ST-ZIP: **BAY HARBOR FL 33154**  
NAME:  DELETE  
STREET ADDRESS:  
CITY-ST-ZIP:  
NAME:  DELETE  
STREET ADDRESS:  
CITY-ST-ZIP:  
NAME:  DELETE  
STREET ADDRESS:  
CITY-ST-ZIP:  
NAME:  DELETE  
STREET ADDRESS:  
CITY-ST-ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
2.1 TITLE  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
6.1 TITLE  Change  Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 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 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: *Marilyn Gadinsky*  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (12/95)