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May 01 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # **K39134**

(7)

1. Corporation Name  
**MICHAEL/TODD, INC.**

Principal Place of Business  
**471 COUNTY ROAD 951  
NAPLES FL 33999  
US**

Mailing Address  
**471 COUNTY ROAD 951  
NAPLES FL 34119-9532  
US**

3. Date Incorporated or Qualified <b>10/17/1988</b>		3a. Date of Last Report <b>03/25/1996</b>	
4. FEI Number <b>93-0966598</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

2. Principal Place of Business		2a. Mailing Address	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	27 City & State	28 City & State
23 Zip	25 Country	29 Zip	30 Country
24 <b>34119</b>	25	29	30

9. Name and Address of Current Registered Agent

**NAGEL, CARL M.  
471 COUNTY ROAD 951  
NAPLES FL 33999**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	<b>FL 34119</b>
83	
84 City	

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 **Carl M. Nagel, President** **4/4/97**  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS

TITLE	DPVT	<input type="checkbox"/> DELETE
NAME	<b>NAGEL, CARL M.</b>	
STREET ADDRESS	<b>6564 RIDGEWOOD DRIVE</b>	
CITY-ST-ZIP	<b>NAPLES FL</b>	
TITLE	D	<input type="checkbox"/> DELETE
NAME	<b>SCOTT, PRICE R.</b>	
STREET ADDRESS	<b>180 EUGENIA DRIVE</b>	
CITY-ST-ZIP	<b>NAPLES FL</b>	
TITLE	V	<input type="checkbox"/> DELETE
NAME	<b>CHAMBERLAIN, ROGER S</b>	
STREET ADDRESS	<b>125 DORAL CIRCLE</b>	
CITY-ST-ZIP	<b>NAPLES FL</b>	
TITLE	V	<input type="checkbox"/> DELETE
NAME	<b>PETRY, R. J</b>	
STREET ADDRESS	<b>2050 RIVER REACH DRIVE, APT. 100</b>	
CITY-ST-ZIP	<b>NAPLES FL</b>	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	<b>Naples, FL 34108</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	<b>Naples, FL 34108</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	<b>Naples, FL 34113</b>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	<b>1323 11th Street North</b>
4.4 CITY-ST-ZIP	<b>Naples, FL 34102</b>
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 do 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: **Carl M. Nagel, President** **4/8/97** **(941) 455-0000**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)