

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 191669 (1)

1. Corporation Name  
MIKL INC



Principal Place of Business 1855 S.W. 50 AVENUE FT LAUDERDALE FL 33317  
Mailing Address 1855 S.W. 50 AVENUE FT LAUDERDALE FL 33317

3. Date Incorporated or Qualified 03/16/1956  
3a. Date of Last Report 03/15/1995

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

4. FEI Number 59-6076815  
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  
SCHWAB, MICHAEL H.  
1955 SW 50 AVE  
FORT LAUDERDALE FL 33317

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 PTD  
NAME MICHAEL, ISIDOR  
STREET ADDRESS 3400 S. OCEAN BLVD. #3F  
CITY-ST-ZIP PALM BEACH, FL 00000  
[REPEATED]

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE DIRECTOR  
1.2 NAME MICHAEL H. SCHWAB  
1.3 STREET ADDRESS 1955 S.W. 50 AVE  
1.4 CITY-ST-ZIP FT. LAUDERDALE, FL 33317  
[REPEATED]

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: \_\_\_\_\_ 03-04-96 (954) 583-4223  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)