

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Suzanna B. Mortman  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **415451** (4)

1. Corporation Name  
**MICHAEL W. SONTAG, INC.**



Principal Place of Business: **15912 S.W. 92ND AVENUE MIAMI FL 33157 US**  
Mailing Address: **15912 S.W. 92ND AVENUE MIAMI FL 33157 US**

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

3. Date Incorporated or Qualified: **12/28/1972** 3a. Date of Last Report: **01/19/1995**  
4. FEI Number: **59-1596638** 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: **SONTAG, MICHAEL W. 15912 S.W. 92ND AVENUE MIAMI FL 33157**

10. Name and Address of New Registered Agent: 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code **FL**

11. Pursuant to the provisions of Sections 607.01(2) and 607.15(6), 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 607.06(6), Florida Statutes.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS:  DELETE  
1. TITLE: **PST**  
2. NAME: **SONTAG, MICHAEL**  
3. STREET ADDRESS: **15912 SW 92ND AVE.**  
4. CITY, STATE, ZIP: **MIAMI FL**  
5. TITLE:  DELETE  
6. NAME:  DELETE  
7. STREET ADDRESS:  DELETE  
8. CITY, STATE, ZIP:  DELETE  
9. NAME:  DELETE  
10. STREET ADDRESS:  DELETE  
11. CITY, STATE, ZIP:  DELETE  
12. NAME:  DELETE  
13. STREET ADDRESS:  DELETE  
14. CITY, STATE, ZIP:  DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12:  Change  Addition  
1. TITLE:  Change  Addition  
2. NAME:  Change  Addition  
3. STREET ADDRESS:  Change  Addition  
4. CITY, STATE, ZIP:  Change  Addition  
5. TITLE:  Change  Addition  
6. NAME:  Change  Addition  
7. STREET ADDRESS:  Change  Addition  
8. CITY, STATE, ZIP:  Change  Addition  
9. NAME:  Change  Addition  
10. STREET ADDRESS:  Change  Addition  
11. CITY, STATE, ZIP:  Change  Addition  
12. NAME:  Change  Addition  
13. STREET ADDRESS:  Change  Addition  
14. CITY, STATE, ZIP:  Change  Addition

14. I do hereby certify that the information supplied with this form 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 provided 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 of this report, or on a supplemental report with an address.

SIGNATURE: *Michael W. Sontag* **Michael W. Sontag** 1/19/96 (305) 233 8900  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)