OND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. WOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

OCUMENT # 504676

cipal Place of Business

0

MICHAEL G. JANSEN, INC.

FILED Sep 08, 1999 8:00 am Secretary of State

09-08-1999 90008 045 ***550.00



							/
pal Place of Business Mailing Address							,
34th St. North Etersburg Fl. 33713		2200 34TH ST. NO					
		ST. PETERSBURG FL 33713					
						DO NOT WRITE IN THIS SPACE	
						3. Date Incorporated or Qualified 06/07/1976	
ncipal P	ace of Business	2a. Mailing Addres	2a. Mailing Address			4. FEI Number Applied For	
		26				59-2930964 Not Applicab	ile
ite, Apt	#, etc.		Suite, Apt. #, etc			5. Certificate of Status Desired \$8.75 Additional Fee Required	-
ty & State		City & State	City & State			6. Election Campaign Financing \$5.00 May Be	
		28				Trust Fund Contribution Added to Fees	
	Country	Zip	Co	untry		8. This corporation owes the current year	
	25	29	30			Intangible Personal Property. Yes No	1
	9. Name and Address of Cu	rrent Registered Agent				10. Name and Address of New Registered Agent	
IAN	SEN, MICHAEL G.	····		81	Name		-
	0-34TH ST NORTH				Street Ac	ddress (P.O. Box Number is Not Acceptable)	\neg
ST.	PETERSBURG FL 33713-361	2		83	<u> </u>		\dashv
				84	City	85 Zip Code	
					J.,	FL 13 Zip 3033	
office or r agent. I a ATURE _	egistered agent, or both, in the S m familiar with, and accept the o	State of Florida. Such change bligations of, section 607.05	e was authorize 505, Florida Sta	ed by tutes	the corpora	poration submits this statement for the purpose of changing its registered ration's board of directors. I hereby accept the appointment as registered	
	Signature, typed or printed name of registered				gent signature r	required when reinstating) DATE	
		AND DIRECTORS	13.	-		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
-	PD	L DEL				Change Addition	nc
JANSEN, MIKE G.			1.2 N	AME			[
ADDRESS	2200 34TH STREET NORT	Н	1.3 S	TREET	ADDRESS		
ST. PETERSBURG FL			1.4 CITY-ST-ZIP		-ZIP		_
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ZIP			2.4 C	ITY-\$1	-ZIP		_
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İ			3.2 N	AME			
ADDRESS			3.3 S	TREET	ADDRESS		1
ZIP			3.4 C	ITY-ST	-ZIP]
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Ì			5.2 N	AME			
ADDRESS					ADDRESS		}
ZIP				ITY-ST			}
-M.	<u></u>	DELI				Change Addition	n
		C VELI	6.2 N			Change Addition	"
					ADDRESS		

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, for an attachment with an address.

6.4 CITY-ST-ZiP

GNATURE: ____///Cars

Will TANSEN 8-2-99 727-518-8044

CR2E034 (5/99