

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 # **550935**

(1)

1. Corporation Name

MICHRON INCORPORATED



Principal Place of Business

**3489 GRIFFIN ROAD
FT. LAUDERDALE FL 33312
US**

Mailing Address

**C/O R.L. LEVY
2802 NORTH 46 AVENUE B216
HOLLYWOOD FL 33021**

3. Date Incorporated or Qualified
11/08/1977

3a. Date of Last Report
01/19/1995

2. Principal Place of Business

2a. Mailing Address

21. **9704 Sills Drive East**

4. FEI Number
59-1776325

Applied For
Not Applicable

22. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

23. City & State

27. **203**
28. **Boynton Beach, FL**

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

24. Zip Country

29. **33437** 30. **FL**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DELUCA, AL
3489 GRIFFIN ROAD
FT LAUDERDALE, FL
33312**

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 607.1506, 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 607.0506, Florida Statutes.

SIGNATURE

Signature of person or persons authorized to register change of name and address

Signature of Registered Agent (signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **PD**
STREET ADDRESS **DELUCA, AL**
CITY-STATE-ZIP **11448 LAKEVIEW DRIVE**
CORAL SPRINGS FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

1. TITLE ☐ Change ☐ Addition
2. NAME
3. STREET ADDRESS
4. CITY-STATE-ZIP

2. TITLE ☐ Change ☐ Addition
2. NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

3. TITLE ☐ Change ☐ Addition
3. NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

4. TITLE ☐ Change ☐ Addition
4. NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

5. TITLE ☐ Change ☐ Addition
5. NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

6. TITLE ☐ Change ☐ Addition
6. NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-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:

AL Deluca

AL DELUCA

2/15/96

(954) 966 7708

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE (Month/Day/Year)

CR2E034 (12/95)