FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 590442

(0)

MGHAEKARAYACHKMDAXXX MIKA IN TESTMENTS, INC.

12/16/96 Mailing Address

Principal Place of Business

FILED May 20 1997 8:00am Secretary of State

600 EIGHTH ST SOUTH ST PETERSBURG FL 33701		600 EIGHTH ST SOUTH ST PETERSBURG FL 33701-4730			
				3. Date Incorporated or Qualified 10/19/1978	3a. Date of Last Report 06/26/1996
2. Principal Place of Business		2a. Mailing Address		10/18/18/0 4. FEI Number	
· ·				59-1854034	Applied For
21 3 163rd Avenue. Suite, Apt. #, etc.		26 3 163 rd Avenue Suite, Api. #, etc.		00 1004004	Not Applicable \$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23 Redington Beach, TL		28 Redington Beach, 用, Zip		Trust Fund Contribution Added to Fees	
Zip	Country	Zip	<u> </u>	8. This corporation has liability for i	
24 3370		29 . 33708	0 Pinellas		Yes No
	9, Name and Adoress of Current	Registered Agent		10. Name and Address of New Re	Jistered Agent
	E, WILLIAM R JR.			William R Tr	
501 EAST KENNEDY BLVD.				william R Jr ess (P.O. Box Number is Not Acceptable)	
SUITE 1400		400 N		Worth Ashley Drive	
TAM	PA FL 33602	1831		2200	
		$v^{0\sigma}$	B4 Cily	e 2300	85 Zip Code
			Tamp	a	FL 33602
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. It hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE Signature, typed or printed name of registered agent and tire if applicable (NOTE, Registered Agent signature required when relinstating) DATE					
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFIC	
TITLE	PDS	☐ DELETE	11 HILE		Change Addition
NAME	LYNCH, MICHAEL J		1.2 NAME		
STREET ADDRESS	311 CORDOVA BLVD.		1.3 STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG FL 33704		1.4 CITY - ST - ZIP		
TITLE		☐ DELETE	2.1 TITLE		Change Addition
NAME			2.2 NAME		,
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2 4 CITY-S1-ZIP		
TITLE		☐ DELETE	3 1 TITLE		Change Addition
NAME			3.2 NAME		i
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY - ST - ZIP		
TITLE		DELETE	4.1 TITLE		Change Addition
NAME		,	4. 2 NAME		
STREET ADORESS		y x	4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 DITY - ST - ZIP		
TITLE		☐ DELETE	5.1 TITLE		Chang Addition
NAME			5.2 NAME		$\mathcal{L}_{\mathcal{U}}$
STREET ADDRESS			5.3 STREET ADDRESS		17/20
CITY-ST-ZIP			5.4 CITY-ST-ZIP		5/0
TITLE		☐ DELETE	6 1 TITLE	00000219	Change Addition
NAME			62 NAME	00000219	:2022
STREET ADDRESS			6.3 STREET ADDRESS	***165.00	/L ULL
CITY-ST-ZIP			6.4 C(TY - ST - ZIP		$\left(\right)$
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 came legal effect is if made under eath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chaptel 607, White Statutes, and that my name					
appears in Block 12 or Block 13 if changed, or on an attachment with an address.					