## 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

## **FILED** Apr 23 1997 8:00am Secretary of State

1. Corporation Name  NINE ONE MIKE, INC.  Principal Place of Business  1470 ROYAL PALM SO. BLVD. FT MYERS FL 33919  Mailing Address  1470 ROYAL PALM SO. BLVD. FT MYERS FL 33919-1049									
						3. Date Incorporated or Qualified 03/02/1979		of Last F 1/1996	Report
2. Principal	Place of Business	2a. Mailing A	ddress			4. FEI Number	1 00/0	· · · · · · · · · · · · · · · · · · ·	pplied For
21		26				59-1895976			ot Applicable
Suite, Ar	н. #, etc.	Suite, Ap	it. #, etc.			5. Certificate of Status Desired			Additional equired
City & St	ale	27 City & Str	ate			6. Election Campaign Financing	·····	<del></del>	May Be
23		28				Trust Fund Contribution			to Fees
Zip	Country	Zip		Country	,	8. This corporation has liability for			s. 199.032,
24	25 9. Name and Address of Curr	29		30		Florida Statutes  10. Name and Address of New R	Yes 🗌		
CAI	ELL, FRANK A	ent Hegistered Age	H11	81	Name	10. Name and Address of New A	adistelen wi	Apsur	·
	70 ROYAL PALM SQ. BLVD.			-		15000	F1-3		
	MYERS FL 33919			82	Street Add	dress (P.O. Box Number is Not Accepta	abie)		
				83					·
				84	City			<b>85</b> Zip	Code
44 5	10 -6-70	100 1007 1500 1	Taufala (Cana)	4 M L		the state of the s	<u> </u>		ito sociotocod
		ligations of, Section i	607.0505, FI	authorized by lorida Statute	y the corpora s.	ation's board of directors. I hereby acce	abr ru <b>a sib</b> boi		rogistorou
SIGNATURI	F Signature System of printed harne of registered OFFICERS A	agent and the if applicable.	(NO)	TE: Registered Ap		poration submits this statement for the ation's board of directors. I hereby accelulation when reinstaling ADDITIONS/CHANGES TO OFF	DATE ICERS AND	DIRECTO	RS IN 12
<b>12.</b> Tille	Signores System printed name of registered OFFICERS A	agent and the if applicable.		TE: Registered Ap		uired when reinstalling)	DATE ICERS AND		
12. Title Name	Signer as injected printed name of registrated OFFICERS A PAGE, PAUL	agent and the if applicable.	(NO)	TE: Flegistered Ap 13. 11 TITLE 1.2 NAME		uired when reinstalling)	DATE ICERS AND	DIRECTO	RS IN 12
	S year as Specific printed harve of registered OFFICERS / D PAGE, PAUL	agent and the if applicable.	(NO)	TE: Flegistered Ap 13. 11 TITLE 1.2 NAME	ent signature requi	uired when reinstalling)	DATE ICERS AND	DIRECTO	RS IN 12
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or supplier on the received and the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the for supplier on tal annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that in or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name d, or of any attachment with an address. information indicated on this I am an officer or director appears in Block 12 or Bl

SIGNATURE:

FRANK A D SNELL, PRESIDENT

4/17/97 (941)939-2233 Daytime Phone #