

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT 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

DOCUMENT # 614156

1. Corporation Name

LAW OFFICES OF MICHAEL R. STORACE, P.A.

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

07-08-1999 90006 024 ***150.00



DO NOT WRITE IN THIS SPACE

Principal Place of Business 5975 SUNSET DR SUITE 504 MIAMI FL 33143 US		Mailing Address 5975 SUNSET DR. SUITE 504 MIAMI FL 33143-5198	
2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Country
24	Country	29	Zip
25	City	30	Country
3. Date Incorporated or Qualified 03/22/1979			
4. FEI Number 59-1903033			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees			
8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent STORACE, MICHAEL R 5975 SUNSET DRIVE SUITE 504 MIAMI FL 33143		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 607.0502 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. I 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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STORACE, MICHAEL R	1.2 NAME	
STREET ADDRESS	5975 SUNSET DR #801	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	
TITLE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JULY 2, 1999

(305) 661-4221

Date

Daytime Phone #

CR2E034 (5/99)

LAW OFFICES OF
MICHAEL R. STORACE, P.A.
5975 SUNSET DRIVE • SUITE 504
MIAMI, FLORIDA 33143
(305) 661-4221
FAX NO. 665-2334

614156
582938-90006-24

MICHAEL R. STORACE, P.A.

July 2, 1999

Annual Reports Filings
Division of Corporations
409 East Gains Street
George Firestone Building
P. O. Box 6327
Tallahassee, Florida 32399

Federal Express: 809727988980

RE: Michael R. Storace, P. A. Annual Corporation Report

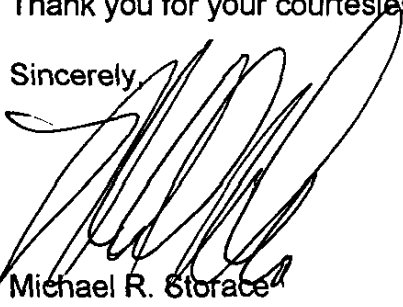
Gentlemen:

Per our telephone conversation with your office today, please find check #11056 for the sum of \$150.00 and the annual report we had received in the mail. We did not receive the first notice. This is the only notice we had received. When we called your office and explained the above, we were told to send this letter of explanation. The check for \$150.00 and the enclosed form and that the delinquent penalty would be waived. Therefore, we would appreciate it, if you will accept this as per the instructions that were given to our office today.

If you have any further questions please call me at (305) 661-4221.

Thank you for your courtesies.

Sincerely,



Michael R. Storace
MRS9689gb