
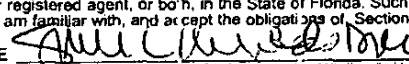


FILED
Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90120 002 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 835146 1. Corporation Name MICHIGAN DRILL CORPORATION					
Principal Place of Business 8405 N.W. 66 ST. MIAMI FL 33166-2630 US			Mailing Address 8405 N.W. 66 ST. MIAMI FL 33166-2630 US		
DO NOT WRITE IN THIS SPACE					
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24			2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		
3. Date Incorporated or Qualified 10/02/1975			4. FEI Number 38-1852624		
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		
7. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			8.		
9. Name and Address of Current Registered Agent REIS, MICHAEL I. 8405 NW 66 STREET MIAMI FL 33166			10. Name and Address of New Registered Agent 81 Name STEVEN KRINGOLD 82 Street Address (P.O. Box Number is Not Acceptable) 8405 N.W. 66TH STREET 83 84 City MIAMI FL 85 Zip Code 33166		
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  DATE 4/21/99 <small>Signature, typed or printed name of registered agent and title if applicable. (NOT for Registered Agent signature track used when reinstating)</small>					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE VTD <input type="checkbox"/> DELETE NAME ASH, HYMAN STREET ADDRESS RRC P O BOX 9902 CITY-ST-ZIP KINGSHILL ST-CROIX VI 00850			1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		
TITLE PDS <input type="checkbox"/> DELETE NAME KANDARIAN, RICHARD STREET ADDRESS RR2 P O BOX 9902 CITY-ST-ZIP KINGSHILL ST-CROIX VI 00850			2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		
TITLE AS <input checked="" type="checkbox"/> DELETE NAME REIS, MICHAEL I STREET ADDRESS MIAMI, FL CITY-ST-ZIP MIAMI FL 33166-2630			3.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3.2 NAME AS KRINGOLD, STEVEN 3.3 STREET ADDRESS 8405 NW 66 STREET 3.4 CITY-ST-ZIP MIAMI, FL 33166		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/99 (305)592-7777

Date

Daytime Phone

CR2E034 (11/98)