Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90213 037 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F14861

 Corporation 	n'Name	•				
THE MIC	HAEL CHRISTOPHER COM	PANY				
Principal Place	of Business	Mailing Address			<u> </u>	
1508 SAN IGNA	ICIO AVE	P.O. BOX 143410				
SUITE 200 P.O. BOX 143410			DO NOT WRITE IN THIS SPACE			
		CORAL GABLES FL 33114-	3. Date Incorporated or Qualifed			
US		US		01/14/1981		
2 Principal D	ace of Business	2a. Mailing Address		4. FEI Number	Applie	d For
2. FILICIPAL FI	CW. 8257.	26		59-2062189	<u> </u>	pplicable
Suite, Apt.	#. etc.	Suite, Apt. #, etc.			- \$8.75 Add	itional
22		27		5. Certificate of Status Desired	Fee Requi	red
City & State		City & State		6. Election Campaign Financing \$5.00 May Be		
23 ////////////////////////////////////		28		Trust Fund Contribution Added to Fees		
」、 ^{Zip} フラ	Country Country	Zip	Country	8. This corporation owes the curr		N.
24 00	143 25 WA	29	30	Personal Property Tax. 10. Name and Address of New F	Yes Pagistared Agent	NO
	9. Name and Address of Current	Registered Agent	81 Name	10. Name and Address of New P	ediatelen vaein	
CHR	ISTOPHER, MICHAEL C				·	
1508 SAN IGNACIO AVE			82 Street Addr	ress (P.O. Box Number is Not Accepta	ible)	
SUITE 200			83	7 4.00. 0241.		
CORAL GABLES FL 33146						
			84 City ///	MMI	FL 85 25 C 2	142
11 Pursuant	to the provisions of Sections 607.0502	2 and 607.1508. Florida Statut	es, the above-named corp	poration submits this statement for the	numose of changing its rec	istered
office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligat	of Florida. Such change was a	HITOORZEO DV TOE COMOTATIO	on's board of directors. I hereby accer	it the appointment as regist	ered
	in familiar with, and accept the obligat	ions of, Section cor. coos, 1 to	inda dialotos.		•	
SIGNATURE	Signature, typed or printed name of registered agent		Registered Agent signature require	d when reinstating)	DATE	
12.	是特殊 A SELECTION OF THE STANI		13.	ADDITIONS/CHANGES TO OF		
TITLE	PTD	☐ DELETE	1.1 TITLE		Change	Addition
NAME	CHRISTOPHER MICHAEL C		1.2 NAME	FROM DILL A SOFT		
STREET ADDRESS	1000 07 11 10 11 10 11 10 11 10 11 11 11 11 11		1.3 STREET ADDRESS	5901 LW. FLST. MIAMI, FL 33	11/9	
CTY-ST-ZIP	CORAL GABLES FL 33146			MINMI, FL 33	☐ Change	Addition
TITLE		☐ DELETE	2.1 TITLE		[] Change	
NAME			2.2 NAME			
STREET ADDRESS			2.3 STREET ADDRESS			
CITY-ST-ZIP		☐ DELETE	2.4 CITY-ST-ZIP 3.1 TITLE		Change [Addition
TITLE			3.2 NAME		<u></u>	
NAME	ا الله المساوية المارية المساوية المسا		3.3 STREET ADDRESS			
STREET ADDRESS	,		3.4. CITY-ST-ZIP	- · · · · · · · · · · · · · · · · · · ·	- · · -	
CITY-ST-ZIP TITLE		☐ DELETE	4.1 TITLE		☐ Change	Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE		☐ Change	Addition
NAME	·	•	5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY-ST-ZIP			
TITLE	•	☐ DELETE	6.1 TITLE		Change	Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			

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 on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: