## H-14.98 B- 4643 - C FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F41030

(0)

STANLEY MICHAELS, INC.

Principal Place of Business

Mailing Address

## FILED Apr 14 1998 8:00am Secretary of State



5280 NW 165 ST MAMI FL 33127		5280 NW 165 ST Miami FL 33127			DO NOT WRITE IN THIS S	DACE	
					3. Date Incorporated or Qualified  08/19/1981	FACE	
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Applied For	
		26			59-2230133	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	27		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State	~		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
Zip	Country Zip Cou		Country	,	8. This corporation owes or has paid the current year Intangible		
24 25			30		Personal Property Tax due June 30. Yes No		
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent  81 Name			
SANDS, MICHAEL			81	Name			
	80 NW 165 ST AMI FL 33014		<u> </u>		ddress (P.O. Box Number is Not Acceptable)		
			83				
	_		84	City	FL	85 Zip Code	
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 product name of regulared agent and lifts if applicable (NOTE Registered Agent signature required when reinstating)  DATE							
12.		S AND DIRECTORS	13.	eni signature i		DIRECTORS IN 42	
TITLE	PD	DX DELETE	1.1 TITLE	T	ADDITIONS/CHANGES TO OFFICERS AND	Change Addition	
NAME	SANDS, MICHAEL		1.2 NAME		VICE-PRESIDENT/DIRECTOR		
STREET ADDRESS					DICK, JERRY		
CITY-ST-ZIP	MAN St. COOLA		1.4 CITY-9	- 1	5280 N.W. 165th ST. MIAMI, FLA. 33014	•	
TITLE	STD	☐ DELE1E	2.1 TITLE		PRESIDENT/DIRECTOR	★ Change	
NAME	DICK, STANLEY		2.2 NAME		DICK, STANLEY		
STREET ADDRESS	5280 NW 165 ST		2.3 STREET	ADDRESS	5280 N.W. 165th ST		
CITY-ST-ZIP	MIAMI FL 33014		2.4 CITY-	ST-ZIP	MTAMT 171.3 うつハ1.4		
TITLE		DELETE	3.1 TITLE		SECRETARY-TREASURER/DIR	Change X Addition	
NAME			3.2 NAME		ZANDI, FARID	ECTOR	
STREET ADDRESS			3.3 STREET	ADDRESS	5280 N.W. 165th ST.		
CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·		3.4. CITY-	ST-ZIP	MIAMI, FLA. 33014		
TITLE		☐ DELETE	4.1 TITLE		, , , , , , , , , , , , , , , , , , , ,	Change	
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET	ADDRESS			
CITY-ST-ZIP			4.4 CITY-5	T-ZIP			
TITLE		☐ DELETE	5.1 TITLE			Change Addition	
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET	1	•		
CITY-ST-ZIP		Driver	5.4 CITY-5	ST-ZIP		1 6t 1 1 4 4 4 9 c	
TITLE		☐ DELETE	6.1 TITLE	Į		Change Addition	
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET				
CITY-ST-ZIP	portify that the information and	ied with this filling does not qualify for	6.4 CITY-S		d in Section 119 07(3Vi) Florida Statutes   further car	tifu that the information	

14. I hereby certify that the information expliced with this filling toos 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 sub-emorbial angular post is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation in processor in processor

SIGNATURE:

STANLEY DICK -PRESIDENT/DIREC.

4/7/98

CR2E034 (1)