

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F95000000364 (8)**

1. Corporation Name

MIKAR PRODUCTS, LTD. CO.

Principal Place of Business

Mailing Address

**7724-7 GREENBORO DR
WEST MELBOURNE FL 32904-1679**

**7724-7 GREENBORO DR
WEST MELBOURNE FL 32904-1679**



2. Principal Place of Business		2a. Mailing Address	
21 1906 WOODHAVEN CIR	26 1906 WOODHAVEN CIR		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
22 Apt 19	27 Apt 19		
City & State	City & State		
23 ROCKLEDGE FL	28 ROCKLEDGE FL		
Zip	Zip	Country	Country
24 32955	29 32955	25 BREVARD	30 BREVARD

3. Date Incorporated or Qualified	3a. Date of Last Report
01/23/1995	
4. FEI Number	Applied For
59-3280864	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
HICKS, KARLEEN 7724-7 GREENBORO DR WEST MELBOURNE FL 32904-1679		81 Name HICKS, KARLEEN 82 Street Address (P.O. Box Number is Not Acceptable) 1906 WOODHAVEN CIR 83 Apt 19 84 City ROCKLEDGE FL 85 Zip Code 32955	

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 *Karleen T Hicks* KARLEEN T HICKS DATE 4-12-96
(NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CPSD <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HICKS, KARLEEN	1.2 NAME	
STREET ADDRESS	7724-7 GREENBORO DR	1.3 STREET ADDRESS	1906 WOODHAVEN CIR #19
CITY-ST-ZIP	WEST MELBOURNE FL 32904-1679	1.4 CITY-ST-ZIP	ROCKLEDGE, FL 32955
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Karleen T Hicks* KARLEEN T HICKS DATE 4-12-96 407-639-9915
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)