

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

FILED
Mar 20 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # G19659 (3)
1. Corporation Name

MICHELEN CONSTRUCTION SERVICES, INC.

Principal Place of Business	Mailing Address
3706 N. OCEAN BLVD., #402 FT. LAUDERDALE, FL 33308	3706 N. OCEAN BLVD., #402 FT. LAUDERDALE, FL 33308

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01-17-83	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2256901	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BROADMAN, JAY
3706 N. OCEAN BLVD., #402
FT. LAUDERDALE, FL 33308

81	Name	Mr. Joyce Bruch
82	Street Address (P.O. Box Number Is Not Acceptable)	14 Juliet Way Drive
83	City	Ocean Ridge, FL
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

Joyce H. Bruch
Signature of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P/D/S	<input checked="" type="checkbox"/> DELETE
NAME	BROADMAN, JAY	
STREET ADDRESS	905 TAN FORAN DR.	
CITY-ST-ZIP	KNOXVILLE, FL	
TITLE	V/T	<input type="checkbox"/> DELETE
NAME	DRUCKER, MICHAEL F.	
STREET ADDRESS	3706 N. OCEAN BLVD., #402	
CITY-ST-ZIP	FT. LAUDERDALE, FL 33308	
TITLE	<i>Ms Joyce Bruch</i>	<input type="checkbox"/> DELETE
NAME	<i>Ms Joyce Bruch</i>	
STREET ADDRESS	<i>14 Juliet Way Drive</i>	
CITY-ST-ZIP	<i>Ocean Ridge, FL</i>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<i>Secretary</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<i>Ms. Joyce Bruch</i>	
1.3 STREET ADDRESS	<i>14 Juliet Way Drive</i>	
1.4 CITY-ST-ZIP	<i>Ocean Ridge, FL</i>	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 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		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MICHAEL DRUCKER

2/27/98

Date

Daytime Phone #

CR2E034 (10/97)