

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

APPROVED  
AND  
FILED

95 MAY -1 11:10:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995  
  
 FLORIDA DEPARTMENT OF STATE  
 Sandra B. Mortham  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **G52821** (7)  
 1. Corporation Name  
**MICHAEL & MICHAEL ASSOCIATES, INCORPORATED**

Principal Place of Business: 2313 NORTH ORANGE AVENUE, ORLANDO FL 32804  
 Mailing Address: 2313 NORTH ORANGE AVENUE, ORLANDO FL 32804

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 21  
 2a. Mailing Address: 26  
 Suite, Apt. #, etc.: 22  
 City & State: 23  
 Zip: 24 Country: 25  
 City & State: 27  
 Zip: 28 Country: 30

3. Date Incorporated or Qualified: 08/01/1983  
 3a. Date of Last Report: 05/01/1994  
 4. FEI Number: 59-2311815  
 Applied For:  Not Applicable  
 5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
 6. Election Campaign Financing:  \$5.00 May Be Added to Fees  
 7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent  
**MICHAEL, DEBORAH**  
**2313 N. ORANGE AVE.**  
**ORLANDO FL 32804**

10. Name and Address of New Registered Agent  
 01 Name  
 02 Street Address (P.O. Box Number is Not Acceptable)  
 03  
 04 City  
 FL 05 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1509, 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 \_\_\_\_\_  
Signature (typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when incorporating)

12. OFFICERS AND DIRECTORS

TITLE	PSD
NAME	MICHAEL, DEBORAH
STREET ADDRESS	1107 BELLEAIRE CIR.
CITY - ST - ZIP	ORLANDO FL
TITLE	VT
NAME	MICHAEL, FOREST
STREET ADDRESS	1107 BELLEAIRE CIR.
CITY - ST - ZIP	ORLANDO FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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: *Deborah Michael* **DEBORAH MICHAEL** 4/28/95 4078471165  
Signature (typed or printed name of signing officer or director) Date Expiration #