FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

APPROVED AND FILED

95 MAY -1 PM 1:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **G76972** **(0)**

1. Corporation Name

MIC-BETH INVESTMENTS OF FORT LAUDERDALE, INC.

Principal Place of Business

10842 N 157TH ST
JUPITER FL 33429
US

Mailing Address

MIC BETH INVESTMENTS OF FT LAUD. INC.
P.O. BOX 1475
BOCA RATON FL 33429
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/30/1983

3a. Date of Last Report: 05/01/1994

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

24 25

2a. Mailing Address

26 P.O. BOX 1176

Suite, Apt. #, etc.

27

City & State

28 JUPITER, FL 33468

29 30

4. FEI Number: 59-2454181 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

8. The corporation has subsidiaries as defined in Section 607.0501 Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

PERRY, ELEANOR S.
10842 N 157TH ST
P.O. BOX 1475
JUPITER FL 33478

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City: FL 85 Zip Code

11. Pursuant to the provisions of Section 607.0501, and 607.0505 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

12. OFFICERS AND DIRECTORS

TITLE	PTS
NAME	PERRY, ELEANOR S.
STREET ADDRESS	10842 N 157TH ST
CITY, ST, ZIP	JUPITER FL

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS

1. TITLE	☐ Change ☐ Add/Del
1. NAME	
1. STREET ADDRESS	
1. CITY, ST, ZIP	
2. TITLE	☐ Change ☐ Add/Del
2. NAME	
2. STREET ADDRESS	
2. CITY, ST, ZIP	
3. TITLE	☐ Change ☐ Add/Del
3. NAME	
3. STREET ADDRESS	
3. CITY, ST, ZIP	
4. TITLE	☐ Change ☐ Add/Del
4. NAME	
4. STREET ADDRESS	
4. CITY, ST, ZIP	
5. TITLE	☐ Change ☐ Add/Del
5. NAME	
5. STREET ADDRESS	
5. CITY, ST, ZIP	
6. TITLE	☐ Change ☐ Add/Del
6. NAME	
6. STREET ADDRESS	
6. CITY, ST, ZIP	

14. I hereby certify that the information supplied with this report, including any requested changes, is true and accurate and that this report is being filed within the time prescribed by Section 607.0505 Florida Statutes. I further certify that the information indicated on the 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 registered agent 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 of Part B of this report or an attachment with an address.

SIGNATURE: ELEANOR S. PERRY PTS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Eleanor S. Perry PTS

May 1 1995 — DATE

1407 5-05-4123 — TELEPHONE NUMBER

0436958 FP