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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H00551

MIKE ESSEX REAL ESTATE, INC.

(2)

FILED
May 12 1997 8:00am
Secretary of State

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1811 ACACIA ST LEHIGH ACRES FL 33936			LEHIGH ACRES FL 33970-0171					
US		US				3. Date Incorporated or Qualified 04/24/1984	3a, Date of La 09/26/199	
2. Principal F	Tace of Business	2a. Mailing Ad	ddress			4. FEI Number	<u> </u>	Applied For
21		26				59-2451392	[Not Applicable
Suite, Apt	#, etc	Suite, Apt.	. #, etc.			5. Certificate of Status Desired	1 1 7 -	5 Additional e Required
City & Star	te	City & Sta	te			6. Election Campaign Financing	\$5.	00 May Be
23		28				Trust Fund Contribution		led to Fees
Žip	Country	Zip		Country	/	8. This corporation has liability for in	ntangible tax und	er s. 199.032.
24	25	29		30			Yes 🗶 No	
	g. Name and Address of Cu	irrent Registered Ager	nt		,	10. Name and Address of New Reg	gistered Agent	
	EX, MICHAEL			81	Name			
18TI	h street and acacia stri	EET		82	Street Add	Iress (P.O. Box Number is Not Acceptab	le)	
	. BOX 171			1			,	
LEH	IGH ACRES FL 33936			83				
				84	City		Test	7in Codo
				104	City		FL 85	Zip Code
11. Pursuant	to the provisions of Sections 607	.0502 and 607,1508, FI	orida Statut	es, the above	e-named cor	poration submits this statement for the p	urpose of changi	ng its registered
office or	registered agent, or both, in the S am familiar with, and accept the c	State of Florida, Such ch	nange was a	authorized by	y the corpora	ation's board of directors. I hereby accep	ot the appointmen	t as registered
	an armar with, and accopt the c	obligations of, Section of	O1.0000, 1 h	Jilua Statute	3 .			
SIGNATURE	Street and the descripted person of specialist	ed agent and the ill applicator	TOM	F Registered And	ant Singature requi	ured when teinstating)	DATE	
	Standing typed or printed name of registers OCHIODIS		(NOT		ent signature requ	ured when reinstating)	DATE CERS AND DIREC	TORS IN 12
12.	OFFICERS	AND DIRECTORS		13.	ent signature requ	ured when reinstating) ADDITIONS/CHANGES TO OFFICE	ERS AND DIREC	
12. ԴՈլք	OFFICERS PD	AND DIRECTORS	(NOT	13. 11 TITLE	ent signature requ			
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12. THEF NAME STHEE! ADDRESS CHY-ST-ZIP THEF NAME	PD ESSEX, MICHAEL A. 18TH ST & ACACAI ST LEHIGH ACRES FL STD ESSEX, SANDRA J.	AND DIRECTORS	DELETE	13. 11 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-5 2.1 TITLE 22 NAME	ADDRESS ST - ZIP		ERS AND DIREC	nge 🔲 Addition
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14. I do 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 OF PRINTED NAME OF SIGNAY OFFICER OF DIRECTOR

4-25-97 941369-1013

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