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

PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # H40838 (5)

FILED May 01 1998 8:00am Secretary of State

MICHAEL CREEK CITRUS CONSULTANT CO.					
				i jaridji ahki biril bekër jaride kulet jari dheki n	IBJI BIBI) BYBY BUBY BYBU YBBI
Principal Plac	a of Rusinass	Mailing Address			
2 MICHAEL CREEK DR. 2 MICHAEL CREEK DR. VERO BCH. FL 32963 VERO BCH. FL 32963					
		V2.15 50.11 72 52005		DO NOT WRITE IN THE	S SPACE
				3. Date Incorporated or Qualified	
				02/04/1985	
<u> </u>	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21 Cuito Ant	# ato	26	<u> </u>	59-2676299	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & State	9	City & State			Fee Required
23		28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	This corporation owes or has paid the corporation ower or has paid the corporation.	
24	25	⊢ ¬ ' ⊢	30	Personal Property Tax due June 30.	Yes D No
	9. Name and Address of Curre			10. Name and Address of New Registere	
LIE	R, JULIE A.		81 Name		
2 MICHAEL CREEK DRIVE			82 Street Add	dress (P.O. Box Number is Not Acceptable)	
VERO BEACH FL 32963			Street Add	press (F.O. Box Number is Not Acceptable)	i
			83		
			B4 City	F	85 Zip Code
11. Pursuant	to the provisions of Sections 607 05	02 and 607 1508. Florida Statutes	the above-named cor		
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.					
	m tarnisiar with, and accept the collig	ations of, Section 607,0505, Flor	ida Statutes.		
SIGNATURE	Signature, hyped or printed name of registered ag	writ and life if applicable (NOTE:	Registered Agent signature requ	uired when reinstating) DATE	
12.	OFFICERS AN	D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTORS IN 12
TITLE	DP	DELETE	1.1 TITLE		Change Addition
NAME	LIER, JOHN J.		1.2 NAME		
STREET ADDRESS	3 MICHAEL CREEK DRIVE		1.3 STREET ADDRESS		
CITY - ST - ZIP	VERO BEACH FL		1.4 CITY - ST - ZIP		
TITLE	DV	☐ DELETE	2.1 TITLE		Change Addition
NAME	LIER, JUDITH M.		2.2 NAME		
STREET ADDRESS	3819 STONEMONT DRIVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	COCOA FL		2. 4 CITY-ST-ZIP		
TITLE	DST	☐ DELETE	3 1 TITLE		Change Addition
NAME	LIER, JULIE A.		3.2 NAME		
STREET ADDRESS	2 MICHAEL CREEK DRIVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	VERO BEACH FL	T1 22.22	3.4. CITY - ST - ZIP		
TITLE		DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		T priese	4.4 CITY-ST-ZIP		
TITLE		L_ DELETE	5.1 TITLE		Change Addition
NAME STREET ADDRESS			5 2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	54 CITY-ST-ZIP		Change Laddition
NAME		□ prrtif	61 TITLE		Change Addition
1			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6 4 CITY-ST-ZIP		

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.