

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # H49616 (6)

1. Corporation Name

MICHAEL CALLAHAN, INC.



Principal Place of Business

Mailing Address

2650 S MILITARY TR #18
WEST PALM BCH FL 33415

2650 S MILITARY TR #18
WEST PALM BCH FL 33415

2. Principal Place of Business

2a. Mailing Address

21 2601 S. Military

26 SAME as

Suite, Apt. #, etc

Suite, Apt. #, etc

22 Suite # 2

27 2

City & State

City & State

23 W. Palm Beach, FL

Zip

24 33415

Country

Zip

25 Palm Beach

Country

Zip

26

Country

Zip

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Country

Zip

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Country

Zip

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Country

Zip

30

Country

Zip

9. Name and Address of Current Registered Agent

CALLAHAN, MICHAEL
315 MARYLAND DR
LAKE WORTH FL 33460

3. Date Incorporated or Qualified

03/29/1985

3a. Date of Last Report

04/25/1995

4. FEI Number

59-2513283

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional

Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be

Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes

No

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 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, with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

Signature of Agent (If not, it must be signed by a person authorized by the corporation)

(If not, it must be signed by a person authorized by the corporation)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DPV	☐ DELETE
NAME	CALLAHAN, MICHAEL	
STREET ADDRESS	315 MARYLAND DR.	
CITY - ST - ZIP	LAKE WORTH FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	☐ Change ☐ Addition
31 TITLE	
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	☐ Change ☐ Addition
41 TITLE	
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	☐ Change ☐ Addition
51 TITLE	
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	☐ Change ☐ Addition
61 TITLE	
62 NAME	
63 STREET ADDRESS	
64 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 119.07(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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

Michael W. Callahan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/18/96 561-641-6359