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 #1. Corporation Name

IAMES MICHAELS SALES CORD

(1)

Feb 09 1998 8:00am Secretary of State

OMMICO	MICHAELS SALES	CONT.				I TORNING RIPH TANN GIRGE HERE HERE DAY BOOK BEEN GIRN GIRN GERN BEEN HERD
			·			
	e of Business	- 0	Mailing Address			A STATE OF THE PARTY OF THE PAR
5859 W STLI B4A	ANTIC AVE	5859 W 8 B4A	STLANTIC AVE			
	ICH FL 33484	•	DLERAY BEACH FL 33484			DO NOT WRITE IN THIS SPACE
US		US				3. Date Incorporated or Qualified
						07/24/1987
2. Principal P	Place of Business	2a. Mailing	Address			4. FEI Number Applied For
21		26				59-2828126 Not Applicable
Suite, Apt.	#, etc.	Suito.	Apt #, etc.			5. Certificate of Status Desired \$8.75 Additional
22 City & Ct-1		27	<u> </u>			Fee Required
City & Stat	le	City &	State			6. Election Campaign Financing \$5.00 May Be
Zip	Country	28] Zip		Country		Trust Fund Contribution Added to Fees
24	25	29	30	a ´		8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes No
27	9, Name and Address (10. Name and Address of New Registered Agent
SI	ATER, HOWARD			81	Name	10. Harris and Addition of Hospital and Highlia
	59 W ATLANTIC AVE					
B4				82	Street A	Address (P.O. Box Number is Not Acceptable)
	LRAY BEACH FL 33484			63		
					6 1	
				64	City	FL 85 Zip Code
11. Pursuant	to the provisions of Sections	607.0502 arid 607.1508	, Florida Statutes, I	the above	-named c	corporation submits this statement for the purcose of changing its registered
agent. La	registered agent, or both, in im familiar with, and accept	the State of Honda, Suct the obligations of, Sectio	i change was auth n 607.0505, Florida	iorized by a Statutes	the corpo	corporation's board of directors. I hereby accept the appointment as registered
SIGNATURE						
	Signature, typed or profed name of its		le (NOTE: Re	gistered Age	nt signature re	required when reinstating) DATE
12.	OF 1.10	DERS AND DIRECTORS	L OFFETT	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	SLATER, ANNE		(□ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	5859 W ATLANTIC A	AC DAA		1.2 NAME		
STREET ADDRESS	DELRAY BEACH FL	16., 017		1.3 STREET		
CITY-ST-ZIP TITLE	D		DELETE	1.4 CITY-ST 2.1 TITLE	T-ZIP	Change Addition
NAME	SLATER, ANNE		- Detter			Change C Abdition
STREET ADDRESS	5859 W ATLANTIC AV	/F. R4A		2.2 NAME	4000000	
CITY-ST-ZIP	DELRAY BEACH FL	TEN DAY		23 STREET		·
TITLE			DELETE	2 4 CITY - S 3 1 TITLE	1-212	☐ Change ☐ Addition
NAME				32 NAME		— Commige
STREET ADDRESS				33 STREET	ADDRESS	,
CITY-ST-ZIP				3.4. CITY+S		
TITLE			DELETE	4.1 TITLE	1-ZH	☐ Change ☐ Addition
NAME				4. 2 NAME		
STREET ADDRESS				4.3 STREET	ADDRESS	
CITY-ST-ZIP				4.4 CITY - ST		
TITLE			DELETE	5.1 TITLE		Change Addition
NAME			· ·	5.2 NAME		
STREET ADDRESS				5.3 STREET	ADDRESS	
CITY-ST-ZIP				5.4 CITY-ST	r- ZIP	
TITLE			DELETE	6.1 TITLE		☐ Change ☐ Addillon
NAME				6.2 NAME		j
STREET ADDRESS				6.3 STREET	ADDRESS	
CITY - ST - ZIP				6.4 CITY-S1	- ZIP	

14. Thereby certify that the information supplied with this filing does not cylalify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this annual roport or supplemental agruph is true find accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver or trigsty conflowing to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed or or in patient and the property of the conflowing the supplemental agreement of the supplemental agreement.