

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

**FILED**  
**Mar 20 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

**DOCUMENT # K29203 (2)**

1. Corporation Name  
**MI-DEAR CORP.**



Principal Place of Business 1108 KANE CONCOURSE SUITE 307 BAY HARBOR ISLANDS FL 33154	Mailing Address 1108 KANE CONCOURSE SUITE 307 BAY HARBOR ISLANDS FL 33154
--	--

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>21 150 S. Pine Island Road</b> Suite, Apt. #, etc. <b>22 Suite 110</b> City & State <b>23 Plantation, FL</b> Zip <b>24 33324</b>	2a. Mailing Address <b>26 150 S. Pine Island Road</b> Suite, Apt. #, etc. <b>27 Suite 110</b> City & State <b>28 Plantation, FL</b> Zip <b>29 33324</b>	Country <b>25 USA</b>	Country <b>30 USA</b>
---	--	--------------------------	--------------------------

3. Date Incorporated or Qualified  
**07/21/1988**

4. FEI Number  
**65-0073474**

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. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent

**STEVEN KATZ, ESQ**  
**515 E LAS OLAS BLVD STE 1500**  
**FT LAUDERDALE FL 33301**

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

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV MICHELSON, ROGER 1108 KANE CONCOURSE #307 BAY HBR ISLANDS FL	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT MICHELSON, EDWARD 1108 KANE CONCOURSE #307 BAY HBR ISLANDS FL	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS MICHELSON, BRUCE 1108 KANE CONCOURSE 307 BAY HARBOR ISLANDS FL	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	DV Michelson, Roger 150 S. Pine Island Road, Suite 110 Plantation, FL 33324	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	DPT Michelson, Edward 110 S. Pine Island Road, Suite 110 Plantation, FL 33324	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	DS Michelson, Bruce 150 S. Pine Island Road, Suite 110 Plantation, FL 33324	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. 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.

SIGNATURE: *Edward Michelson* Edward Michelson 3/3/98 954-424-7371

CR2E034 (10/97)