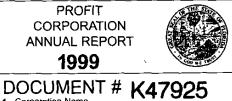
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PROFIT CORPORATION ANNUAL REPORT

1999

MIKE HOLT ENTERPRISES, INC.



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Mar 02, 1999 8:00 am Secretary of State

03-02-1999 90102 005 ***150.00



Principal Place	e of Business	Mailing Address			, 144; mir mi	B11 (8818 12118 11	aas asin asan a			
7310 W. MCNAB ROAD. #201 7310 W MCNAB ROAD #201 FAMARAC FL 33321			7310 W. MCNAB ROAD. #201 7310 W MCNAB ROAD #201 TAMARAC FL 33321			DO NOT WRITE IN THIS SPACE				
					 Date incorporate 11/22/1988 	d or Qualifed	. ,	-		
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number			A	pplied For	
:1		26			65-0085614				ot Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		-	5. Certifcate of Stat	us Desired			Additional	
2		27							equired	
City & State	e	City & State		}	6. Election Campai			•	May Be	
3		28	Country		Trust Fund Conti				to Fees	
Zip	Country	Zip	Country 30]	This corporation Personal Propert		rent year in	angible	No	
4	9. Name and Address of Curr		30]		10. Name and Addi		Registered			
	9. Name and Address of Cur	ent Registered Agent	81 N	lame	10		<u></u>			
HOL1	r, mike						-11.5			
7310	W MCNAB ROAD #201		82 5	Street Addres	ss (P.O. Box Number	IS NOT ACCOUNT	ول (الماه			
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11. Pursuant	to the provisions of Sections 607.0 egistered agent, or both, in the Sta	502 and 607.1508, Florida Statute	es, the above-na	amed corpora	ation submits this state	ement for the	purpose of	changing it	s registered	
	egistered agent, or both, in the Sta	te of Florida. Such change was at	umorized by the	corporation	s board of directors.	Hereby acce	pt life appo	intorterit do i	sgistered	
agent. I a	m familiar with, and accept the obli-	gations of, Section 607.0505, Flor	rida Statutes.							
agent. I ai	m familiar with, and accept the obli	gations of, Section 607.0505, Flor	rida Statutes.							
agent. I as	m familiar with, and accept the obli-	gations of, Section 607.0505, Flor	rida Statutes. Registered Agent sig				DATE			
agent. I ai	m familiar with, and accept the obli- Signature, typed or printed name of registered a OFFICERS /	gations of, Section 607.0505, Flor gent and title if applicable. (NOTE: AND DIRECTORS	Registered Agent sig		when reinstating) ADDITIONS/CHAI	NGES TO OF				
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