

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **K61700 (6)**

1. Corporation Name
MIKE MYERS & ASSOCIATES, INC.



Principal Place of Business: **% MIKE B. MYERS 442 SOUTH NORTH LAKE BOULEVARD, S-1016 ALTAMONTE SPRINGS FL 32701**

Mailing Address: **% MIKE B. MYERS 442 SOUTH NORTH LAKE BOULEVARD, S-1016 ALTAMONTE SPRINGS FL 32701**

3. Date Incorporated or Qualified 01/30/1989	3a. Date of Last Report 02/21/1995
4. FEI Number 59-3024103	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21. %MIKE B. MYERS Suite, Apt. #, etc. 22. 4316 W. STATE RD, #46 City & State 23. SANFORD, FL 32771 Zip 24. 32771	2a. Mailing Address 26. %MIKE B. MYERS Suite, Apt. #, etc. 27. 4316 W. STATE RD, #46 City & State 28. SANFORD, FL 32771 Zip 29. 32771	Country 25. USA	Country 30. USA
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9. Name and Address of Current Registered Agent MYERS, MIKE B. 442 SOUTH NORTH LAKE BOULEVARD SUITE 1016 ALTAMONTE SPRINGS FL 32701	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
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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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <input type="checkbox"/> DELETE	D	1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	Myers, Michael B.
NAME	MYERS, MICHAEL B.	1.2 NAME	4316 W. State Rd. #46
STREET ADDRESS	442 S N LAKE BLVD, #1016	1.3 STREET ADDRESS	Sanford, FL 32771
CITY - ST - ZIP	ALTAMONTE SPRINGS FL	1.4 CITY - ST - ZIP	
TITLE <input type="checkbox"/> DELETE	D	2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	Myers, Jacquie M.
NAME	MYERS, JACQUIE M.	2.2 NAME	4316 W. State Rd. #46
STREET ADDRESS	442 S N LAKE BLVD, #1016	2.3 STREET ADDRESS	Sanford, FL 32771
CITY - ST - ZIP	ALTAMONTE SPRINGS FL	2.4 CITY - ST - ZIP	
TITLE <input type="checkbox"/> DELETE		3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE <input type="checkbox"/> DELETE		4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE <input type="checkbox"/> DELETE		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE <input type="checkbox"/> DELETE		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Michael B. Myers* 2/15/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)