SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT 1999

DOCUMENT # KG1700



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED SECRETARY OF STATE O VISION OF CORPORATIONS

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MIKE MY	(FRS	& ASSOCIATES, INC.										
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Principal Plac	o of Bi	reinage	Ma	ilina Addrose						AND AND IS BEEN BE	E 0	
•]	usiness		iling Address								
CO MIKE B. M		AR		E MYER\$) FIELDWOOD BLVD								
316 W STATE ROAD!46 SANFORD FL 32771				LAKE MARY FL 32746					DO NOT WRITE IN THIS SPACE			
IS			US						3. Date incorporated or Qualified			
	ĺ								01/30/1989		•	
2. Principal P	lace of	f Business	2a.	Mailing Address					4. FEI Number		Applied For	
1		26							59-3024103		Not Applicable	
Suite, Apt.	#, etc!			Suite, Apt. #, etc.						<u> </u>	8.75 Additional	
2			27					:	5. Certificate of Status Desired	ш .	Fee Required	
City & Stat	te		1	City & State					6. Election Campaign Financing	_	5.00 May Be	
3			28						Trust Fund Contribution		Added to Fees	
Zip		Country		Zip	Cou	ıntry			8. This corporation owes the current	year		
4		25	29		30				Intangible Personal Property.	Ye	es 🗌 No	
	9, 1	Name and Address of Current	Regist	ered Agent					10. Name and Address of New Reg	istered Age	nt	
MICH	AAFI F	B MYERS			•	81	Name		<u> </u>			
		DWOOD BLVD				82	Street	Addres	Address (P.O. Box Number is Not Acceptable)			
	1016	W P1 00740				83						
LAKE	: MAH 	Y FL 32746				84	City			85	5 Zip Code	
							·			FL °	<u> </u>	
 Pursuant office or 	t to the registe	provisions of sections 607.0502 ared agent, or both, in the State of	: and 60?	7.1508, Florida Statu a. Such change was	ites, the ab	ove-	named c	corpora	tion submits this statement for the purpor's board of directors. I hereby accept the	ose of changii he appointme	ng its registered ent as registered	
agent. I a	am fan	niliar with, and accept the obligation	itions of	section 607 0505 F	Florida Sta	tutos						
				0000001100110000111	ionua ota	tutes	٠.		-			
SIGNATURE									<u>.</u>			
	Signatur	re, typed or printed name of registered agent	t and title if a	applicable. (I	NOTE: Registe			re require	ed when reinstating)	DATE	IDECTORS IN 12	
12.			t and title if a	applicable. (I	NOTE: Registr	ared A		ne require		ERS AND D		
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in Block 12 or Block 13 if changed, or or SIGNING OFFICER OF DIRECTOR

Date

Dayline Phone #

SIGNATURE: