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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K94360

1. Corporation Name

MIKE GUN STUDIO, INC.

FILED Mar 08, 1999 8:00 am Secretary of State

03-08-1999 90090 003 ***150.00

y [*]											
Principal Place of Busines	ss	Mailing Address			ł			1			
863 NE 30TH ST. *OAKLAND PARK-FL-33334_ US		PO BOX 24973 OAKLAND PARK FL 33307			DO NOT WRITE IN THIS SPACE						
						<u> </u>	Date Incorporated or Qualifed 06/09/1989				
Principal Place of Business 2a. Mailing Address						4.	FEI Number	<u> </u>	Applied For		
21		26				1_	65-0140276		Not Applicable		
Suite, Apt. #, etc. Suite, Apt. #, etc.			ot. #, etc.			5.	Certificate of Status Desired		5 Additional Required		
City & State		City & State			A	Election Campaign Financing	\$5.0	\$5.00 May Be			
23		28			"	Trust Fund Contribution		ed to Fees			
Zip	Country 25	Zip	Gou	ntry		8.	This corporation owes the current year Personal Property Tax.	Intangible	□No		
24 25 29 30 30 9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent						
				81	Name						
863 NE 30TH ST.				82	Street Addr	ess (l	O. Box Number is Not Acceptable)				
OAKLAND PAI	rk FL 33334			83					~~		

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.

84 City

			•		
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable. (NOTE: R	egistered Agent signature re	equired when reinstating) DATE		
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND D		S IN 12
TITLE	P DELETE	1.1 TITLE] Change	Addition
NAME	GUNDLACH, MICHAEL MAX	1.2 NAME			Ì
STREET ADDRESS	863 NE 30TH ST.	1.3 STREET ADDRESS		•	(
CITY-ST-ZIP	OAKLAND PARK FL 33334	1.4 CITY-ST-ZIP		7.01	Addition
TITLE	☐ DELETE	2.1 TITLE	· ·] Change	☐ Addidon }
NAME		2.2 NAME			1
STREET ADDRESS		2.3 STREET ADORESS			- 1
CITY-ST-ZIP		2.4 CITY-ST-ZIP		7.05	Addition
TITLE	☐ DELETE	3.1 TITLE	<u> </u>] Change	☐ Addition
NAME		3.2 NAME			1
STREET ADDRESS		3.3 STREET ADDRESS	•		{
CITY-ST-ZIP		3.4, CITY-ST-ZIP		7.01	Addition
TITLE	☐ DELETE	4.1 TITLE	<u> </u>] Change	C) Addition
NAME		4.2 NAME			-
STREET ADDRESS		4.3 STREET ADDRESS			{
CITY-ST-ZIP		4.4 CITY-ST-ZIP] Change	Addition
TITLE	☐ DELETE	5.1 TITLE	 	_] Change	LIAGRICII
NAME		5.2 NAME			Ì
STREET ADDRESS		5.3 STREET ADDRESS			ļ
CITY-ST-ZIP		5,4 CITY-ST-ZIP		T Change	Addition
TITLE	☐ DELETE	6.1 TITLE	<u> </u>] Change	☐ \doi:(0)
NAME		6.2 NAME			1
STREET ADDRESS		6.3 STREET ADDRESS			{
CITY-ST-ZIP		6.4 CITY-ST-ZIP			

SIGNATURE:

225-99 954566.6886

Zip Code

85