FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00					
	PROFIT PORATION	(*)	ITMENT OF STATE		
ANNU	AL REPORT	Secreta	3. Mortham ry of State		
	1996	DIVISION OF	ORPORATIONS	_	
DOCUMENT #					
Micha	el Anthony's SA	lon, Iw.			
	Providence Blud. na. FL 32725				
Principal Place	of Business	Mailing Address			
	Providence Blud. a, FL 32725	1870 Provide	ence Blud. 32725		
DetCon	a, ra salas	Deitona, FL	36163	3. Date Incorporated or Qualified 3a.	Date of Last Fieport
2. Principal Pla	ce of Business	2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt. #	I. etc.	Suite, Apt. #, etc.		59-2957637	Not Applicable \$8.75 Additional
22 City & State		27 City & State		Certificate of Status Desired B. Election Campaign Financing	Fee Required \$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip 24	Country 25	Zip 29	Country 30	This corporation has liability for intangi Florida Statutes	lo
4	9. Name and Address of Current	Registered Agent	81 Name	10. Name and Address of New Registe	ered Agent
Melia A. Dadal Datanette Menerius					
1929 Dupont Circle 1929 Dupont Circle 1433 PuriTan Ave 83					
عرد .	Itona, PL 32 723		84 City		B5 Zip Code
11 Urreviant to	o the provisions of Sections 607 0502 a	nd 607 1508. Florida Statutes	Deit	ona. ation submits this statement for the purpose of	FL 32125
or registere	ed agent, or both, in the State of Florida h, and accept the obligations of, Section	 Such change was authorized 	d by the corporation's boar	rd of directors. I hereby accept the appointme	nt as registere I agent. I am
SIGNATURE 4		in ANTONET	TE BENEBUL E: Registered Agent signature required		NE CONTRACTOR OF THE CONTRACTO
12.	. OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
THLE NAME	President Antonotte Benedu	DELETE	1. 1 TITLE 1.2 NAME		Change Addition 3
STREET ADDRESS	1433 PuriTAN Ave.		1.3 STREET ADDRESS		Ë
CITY-S1-ZIP TITLE	Deitona, FL 3272 Sectiveus.	S DELETE	14 CHY-ST-ZIP 2 1 TITLE		Change
NAME	Amy Bridal	A. Carrier	2 2 NAME		J J
STREET ADDRESS	AMY BANAN Circle	e .=	2.3 STREET ADDRESS		
CITY - ST - ZIP TITLE	Dettonn, FL 3272	DELETE	2 4-C 11 4 =S1 - ZIP 3. 1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS CITY-ST-7iP			3.3 STREET ADDRESS 3.4 CITY - ST - ZIP		
TITLE		DELETE	4.1 TITLE \$	000001806 -05/03/9601020-	Addition Addition
NAME STREET ADDRESS			4.2 NAME	***500.00	021
CITY-ST-ZIP			4.4 CHY-ST-ZIP		α
TITLE		☐ DELETE	5. 1 TITLE 4		Change D Addition
NAME STREET ADDRESS			5.2 NAME 5.3 STREET ADDRESS		()
CITY-ST-ZIP			5.4 CITY-ST-ZIP		2
TITLE		☐ DELETE	6 1 TITLE		☐ Change ☐ Addition
NAME CARCUT ADDRESS			6.2 NAME 6.3 STREET ADDRESS		
STREET ADDRESS CHTY-ST-ZIP			64 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:					