

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # L05649

(3)

1. Corporation Name

MICHEL-LEE ENTERPRISES, INC.

Principal Place of Business

601 N FEDERAL HWY
POMPANO BEACH FL 33062

Mailing Address

6354 NW 72ND PL.
PARKLAND FL 33067
US



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

D'ELIA, BRIAN
601 N FEDERAL HWY
POMPANO BEACH FL 33062

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 607.0507, Florida Statutes.

SIGNATURE

Brian D'Elia

3-20-96

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PTD
D'ELIA, BRIAN
6354 NW 72ND PL.
PARKLAND FL
[] DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VSD
D'ELIA, MICHELE
6354 NW 72ND PL.
PARKLAND FL
[] DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
[] DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
[] DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
[] DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
[] DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

[] Change [] Addition

14 NAME

15 STREET ADDRESS

16 CITY-ST-ZIP

17 TITLE

18 NAME

19 STREET ADDRESS

20 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

25 TITLE

26 NAME

27 STREET ADDRESS

28 CITY-ST-ZIP

29 TITLE

30 NAME

31 STREET ADDRESS

32 CITY-ST-ZIP

33 TITLE

34 NAME

35 STREET ADDRESS

36 CITY-ST-ZIP

37 TITLE

38 NAME

39 STREET ADDRESS

40 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. 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 or on an attachment to this report.

SIGNATURE: *Brian D'Elia*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-20-96 305-782-6110

CR2E034 (12/95)