

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

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May 01 1997 8:00am
Secretary of State

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| PROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # **L43589** (5)

1. Corporation Name
MICA DESIGNS OF MARION COUNTY INC.



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| Principal Place of Business 4500 NE 35 ST UNIT A-4 SILVER SPRINGS FL 34479 US | Mailing Address 4500 NE 35 ST UNIT A-4 SILVER SPRINGS FL 34479-3214 US |
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| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country |
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| 3. Date Incorporated or Qualified 01/18/1990 | 3a. Date of Last Report 05/17/1996 |
| 4. FEI Number 59-2088985 | Applied For 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

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| 9. Name and Address of Current Registered Agent SCHUBERT, ANTHONY 4689 SE 33 AVE OCALA FL 32671 | 10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 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 _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE _____

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| 12. OFFICERS AND DIRECTORS TITLE PD NAME GREEN, SHANE NO LONGER STREET ADDRESS 1112 NE 32 PL W/ COMPANY CITY-ST-ZIP Ocala FL TITLE VST NAME SCHUBERT, ANTHONY STREET ADDRESS 4689 SE 33 AVE CITY-ST-ZIP Ocala FL TITLE D NAME SCHUBERT, ANTHONY STREET ADDRESS 4689 SW 33 AVE CITY-ST-ZIP Ocala FL TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE PD 1.2 NAME SCHUBERT, ANTHONY 1.3 STREET ADDRESS 4689 S.E. 33RD AVE 1.4 CITY-ST-ZIP Ocala, FL. 34480 2.1 TITLE VST 2.2 NAME SCHUBERT, MONICA 2.3 STREET ADDRESS 4689 S.E. 33 RD AVE. 2.4 CITY-ST-ZIP Ocala, FL. 34480 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP | |
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14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Anthony C Schubert* 4-25-97 (352) 236-0085
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)