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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE. Sandra B. Mortham Secretary of State

	1996	S 11 10 C	DIVISION OF	CORPOR	RATIONS					
DOCU 1. Corporatio	MENT # L54	1500	(8)			· · · · · · · · · · · · · · · · · · ·				
MICO	CO RIDGE, INC.									
)		
Principal Place	e of Business	Mail	ling Address		<u> </u>					
			5675 MICCO RD MICCO FL 32976							
			micoo it dear				3. Date incorporated or Qualified	Ta- 6	-71 - 15	
							02/28/1990	3a. Date	or Last H /5/01/1	•
	lace of Business	28.	Mailing Address				4. FEI Number	1		Applied For
Suite, Apt.	# ptc	26	N. 22 - A - L 11 - L				<u>59-2999851</u>			Not Applicable
22	#, etc.	27	Suite, Apt. #, etc.				5. Certificate of Status Desired			Additional
City & Stati	e		City & State				6. Election Campaign Financing	-		Required
23		28					Trust Fund Contribution			O May Be d to Fees
Zφ •	Country 25		?ip	_	intry		8. This corporation has liability for i		under s	199.032,
24	9. Name and Address of C	29 Surrent Registe	red Agent	30	T		Florida Statutes Yes 10. Name and Address of New R	□No		
					81 Nan	ne	IU. Haine and Address of New H	edisteteo V	gent	
HEAR	INDON, JAMES M., JR.				82 Stre	- 4 4 - 1	(DO D- M		·	
	MICCO RD				02 Stre	et Addres	ss (P.O. Box Number is Not Acceptable	le)		
MICC	O FL 32976				83					
					84 Oty				85 Zig	Code
11 Pursuant t	to the provisions of Sections 607	0500 444 607	1500 51: : 1 0		'			<u>FL</u>	1 1 .	
or register	red agent, or both, in the State of	Florida. Such o	hange was authorize	es, the abo ed by the o	ive-named corporation	i corporati n's board	ion submits this statement for the purp of directors. I hereby accept the appo	pose of chan pintment as re	iging its ri edistered	egistered office agent. Lam
	nn, and accept the obligations of,	Section 607.05	05, Florida Statutes.				, , , , , , , , , , , , , , , , , , , ,		-5	-go
SIGNATURE .	_									
	Signature, typed or printed name of registere	d agent and title if app	licable. (NO)	TE Registered			then reinstating)	DATE		·
12.	OFFICER	d agent and title If app	ORS	13.	Agent signatu			DATE	_	· · · · · · · · · · · · · · · · · · ·
TITLE	OFFICER PD	S AND DIRECTO		13. 1.11	Agent signatu		hen reinstating)	DATE CERS AND D	_	· · · · · · · · · · · · · · · · · · ·
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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 enipowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 in changed, or on an attachment with an address.

SIGNATURE:

NULL AND MAN Priep

4/22/96 (407) 664-8893