

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Sep 23, 1999 8:00 am**  
**Secretary of State**

09-23-1999 90006 008 \*\*\*550.00

**DOCUMENT # L65944**

1. Corporation Name

**C. MICHAELS & ASSOCIATES, INC.**

Principal Place of Business

4200 N OCEAN DR.  
TOWER 1 #1204  
SINGER ISLAND FL 33404  
US

Mailing Address

4200 N. OCEAN DR.  
TOWER 1. #1204  
SINGER ISLAND FL 33404  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**04/17/1990**

4. FEI Number

**59-3007687**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing

☐

**\$5.00** May Be  
Added to Fees

8. This corporation owes the current year  
Intangible Personal Property.

☐ Yes

☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.  
**1405**

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.  
**1405**

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

**MECHAS, CONSTANT**  
**1991 DREW ST.**  
**CLEARWATER FL 34625**

10. Name and Address of New Registered Agent

81 Name

**MECHAS CONSTANT**

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

**4200 N. OCEAN DR**

83 Suite, Apt. #, etc.

**TOWER 1 #1405**

84 City

**SINGER ISL**

85 State

**FL**

Zip Code

**33404**

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

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PDST  
NAME MECHAS, CONSTANT  
STREET ADDRESS 4200 NO OCEAN DR TOWER 1 #1204  
CITY-ST-ZIP SINGER ISL FL

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I 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: **CON SIGNATURE**

**Sep 28/99 514-341-9522**

CR2E034 (5/99)

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