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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # M26459 1. Corporation Name

MICHAEL M. WIEGERT, INC.

Principal Plac	ce of Business	Mailing Address				1 18814911 (11	n nema anni aisan as				
		16202 S.W. 87TH COURT MIAMI FL 33157					DO NOT WRI	TE IN THIS	SPACE	The state of the s	
					•	3. Date Incorpora 01/27/1986		4	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
2. Principal P	Place of Business	2a. Mailing Address				4. 'FEI Number			Ap	plied For	١,
21		26				59-2624854	1			t Applicable	1
Suite, Apt. #, etc.		27				5. Certificate of Status Desired   \$8.75 Additional Fee Required					;
City & State		— ·	City & State			6. Election Campa			\$5.00		
23			Zip Country			Trust Fund Contribution Added to Fees					┨
Zip . 24	Country 25	Zip <b>29</b>	30			8. This corporation Personal Prope	rty Tax.	<u> </u>	Yes	□No	
	9. Name and Address of Curr	ent Registered Agent				10. Name and Add	iress of New F	Registered	Agent :		┨
skne.	CEPT MICHAEL M	•		81	Name		1 1		. 1		
WIEGERT, MICHAEL M. 16202 S.W. 87TH COURT				82	Street Addre	dress (P.O. Box Number is Not Acceptable)					
MIAI	MI FL 33157			83			(中)证据数	<b>非洲</b> 绿绿			1
		•	-	84 :	City		**	118 19:111 Sel.	85 Zip C	ode 1	-
office or r agent. I a	to the provisions of Sections 607.05 registered agent, or both, in the Statem familiar with, and accept the obliging	te of Florida. Such change was:	authorized	by the	named corpo ne corporation	oration submits this standard of directors.	atement for the I hereby accep	purpose of t the appo	changing is intrient as rec	registered pistered	
office of ragent. I a SIGNATURE	registered agent, or both, in the Stat am familiar with, and accept the oblic Signature, typed or printed name of registered a	te of Florida. Such change was gations of, Section 607.0505, Fl gent and title if applicable. (NOT AND DIRECTORS	authorized orida Statu E: Registered	by thutes.	ne corporation	on's board of directors.  I when reinstating) ADDITIONS/CHA	I hereby accer	DATE	Intment as rec	nistered RS IN 12	
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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 elecute 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, with all other like empowered.

SIGNATURE:

**FILED** 

Feb 17, 1999 8:00am

**Secretary of State** 

02-17-1999 90081 035 \*\*\*150.00