SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $305)

NONPROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
96 DEC 13 AM 9:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 95-96

DOCUMENT # **N93000003152 (6)**

1. Corporation Name

MICHIGAN COMMERCE CENTER PROPERTY OWNERS' ASSOCI, INC. ATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
~~225 E. ROBINSON~~ ST. 501 E. Jackson ~~SUITE 600~~ 2nd floor St. ~~ORLANDO FL 32801~~ Orlando, FL 32901	~~225 E. ROBINSON~~ ST. 501 E. Jackson ~~SUITE 600~~ 2nd floor, St. ~~ORLANDO FL 32801~~ Orlando, FL 32801

3. Date Incorporated or Qualified: 07/14/1993
3a. Date of Last Report: 05/01/1994
4. FEI Number: ~~APPLIED FOR~~ 59-3322991 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ **FILING FEE IS $61.25**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

EVANS, DAVID L
225 E. ROBINSON ST.
~~SUITE 600~~
ORLANDO FL 32801

10. Name and Address of New Registered Agent

81 Name: HOWARD A. SCHIEFERDECKER
82 Street Address (P.O. Box Number is Not Acceptable): 501 E. JACKSON STREET
83: 2ND FLOOR
84 City: ORLANDO FL 85 Zip Code: 32801

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: Howard A. Schieferdecker, Director DATE: 8/16/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	~~D~~	1.1 TITLE	☐ Change ☐ Addition D
NAME	~~EVANS, DAVID L~~	1.2 NAME	Howard A. Schieferdecker
STREET ADDRESS	~~@@% E ROBINSON STREET, #600~~	1.3 STREET ADDRESS	501 E. Jackson St.
CITY-ST-ZIP	~~ORLANDO FL~~	1.4 CITY-ST-ZIP	~~Orlando, Fl 32801~~
TITLE		2.1 TITLE	☐ Change ☐ Addition D
NAME		2.2 NAME	Robert W. Sipkema
STREET ADDRESS		2.3 STREET ADDRESS	305 W. Bass St.
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Kissimmee, FL 34741
TITLE		3.1 TITLE	☐ Change ☐ Addition D
NAME		3.2 NAME	Sam Graber
STREET ADDRESS		3.3 STREET ADDRESS	2836 N. Michigan Avenue
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Kissimmee, FL 34744
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	700002033547--0
STREET ADDRESS		4.3 STREET ADDRESS	-12/19/96--01033--009
CITY-ST-ZIP		4.4 CITY-ST-ZIP	****297.50 ****297.50
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	12-10-96
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	$ Deposited by bank
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E037 (3/95)

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)(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: 12/12/95 (407) 843-1862
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
HOWARD A. SCHIEFERDECKER, DIRECTOR

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