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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # N93000003152

1. Corporation Name
MICHIGAN COMMERCE CENTER PROPERTY OWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
125 S SWOOPE AVE STE 103 MAITLAND FL 32751 US	125 S SWOOPE AVE STE 103 MAITLAND FL 32751 US

[redacted]

2. Principal Place of Business: 1
2a. Mailing Address: 26
Suite, Apt. #, etc.: 2
Suite, Apt. #, etc.: 27
City & State: 3
City & State: 28
Zip: 4 Country: 25
Zip: 29 Country: 30

3. Date Incorporated or Qualified: 07/14/1993
4. FEI Number: 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

9. Name and Address of Current Registered Agent

SCHIEFERDECKER, HOWARD A
125 S SWOOPE AVE
STE 103
MAITLAND FL 32751

10. Name and Address of New Registered Agent

81 Name: BRETT HARRIS
82 Street Address (P.O. Box Number is Not Acceptable): 1400 NORTHWEST 107 AVENUE
83
84 City: MIAMI FL 85 Zip Code: 33172

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: _____ DATE: 6/10/99
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D SCHIEFERDECKER, HOWARD A 125 S SWOOPE AVE, STE 103 MAITLAND FL 32751 ☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SIPKEMA, ROBERT W 305 W. BASS ST. KISSIMMEE FL 34741 ☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GRABER, SAM 2836 N. MICHIGAN AVENUE KISSIMMEE FL 34744 ☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	DIRECTOR BRETT HARRIS 1400 NORTHWEST 107 AVENUE MIAMI, FLORIDA 33172 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (11/88)

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 617, 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: Brett Harris 04/28/99 (305)392-4051
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL Date Daytime Phone #