

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

~~PROFIT~~  
CORPORATION  
ANNUAL REPORT.

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Morham

Secretary of State

DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

96 DEC 13 AM 11:09

DOCUMENT # P92000002551 (9)

1. Corporation Name

MIC-LIN, INC.

1996 REINSTATEMENT

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business

Mailing Address

10726 LIBBY #3 ROAD  
CLERMONT FL 34711  
US

2301 SW 108 WAY  
DAVIE FL 33328

3. Date Incorporated or Qualified  
11/02/1992

3a. Date of Last Report  
06/12/1995

2. Principal Place of Business

2a. Mailing Address

21 18835 Starcrest

26 P.O. Box 120009

Suite, Apt., etc.

Suite, Apt., etc.

22 Clermont, FL

27 Clermont, FL

City & State

City & State

23 34711 LAKE

28 34712 LAKE

Zip

Country

Zip

Country

24

25

29

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9. Name and Address of Current Registered Agent

VEREBAY, LAYNE  
180 NE 199 STREET  
NO MIAMI FL 33179

10. Name and Address of New Registered Agent

81 Name PAUL THIEM.  
82 Street Address (P.O. Box Number is Not Acceptable)  
18984 W. Dixie Highway  
83 N. Miami Beach, FL  
84 City  
85 Zip Code  
FL 33180.

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 607.1505, Florida Statutes.

SIGNATURE

PAUL THIEM.

Paul Thiem

12/4/96.

Signature, typed or printed name of registered agent and date if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
PD	MURPHY, MICHAEL J	P.O. BOX 120009	CLERMONT FL	<input type="checkbox"/>
VD	MURPHY, LINDA P	P.O. BOX 120009	CLERMONT FL	<input type="checkbox"/>
TD	MURPHY, MICHAEL J	P.O. BOX 120009	CLERMONT FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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	<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>

REINSTATEMENT 1996

100002030652/12/96  
-12/17/96--010796-0014 Addition  
\*\*\*\*383.75 \*\*\*\*383.75

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)(k), 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:

Michael J. Murphy

10-17-96.

(2531429-320)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone