


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

FILED
Jun 01, 1999 8:00 am
Secretary of State

06-01-1999 90036 001 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P92000013675

1. Corporation Name

MICHAELS MARKETING INC.



Principal Place of Business 846 AZALEA DRIVE ROYAL PALM BEACH FL 33411	Mailing Address 846 AZALEA DRIVE ROYAL PALM BEACH FL 33411
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 7681 OLYMPIA DR Suite, Apt. #, etc. 22 RIVERWALK City & State 23 WEST PALM BEACH, FL Zip 24 33411		2a. Mailing Address 26 7681 OLYMPIA DR Suite, Apt. #, etc. 27 RIVERWALK City & State 28 WEST PALM BEACH, FL Zip 29 33411		3. Date Incorporated or Qualified 12/23/1992		4. FEI Number 65-0376966		Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees			
				8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					

9. Name and Address of Current Registered Agent MICHAELS, ELAINE 846 AZALEA DRIVE ROYAL PALM BEACH FL 33411				10. Name and Address of New Registered Agent 81 Name ELAINE MICHAELS 82 Street Address (P.O. Box Number is Not Acceptable) 7681 OLYMPIA DR 83 RIVERWALK 84 City WEST PALM BEACH FL 85 Zip Code 33411			
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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

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	<input type="checkbox"/> DELETE		1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MICHAELS, ELAINE			1.2 NAME			
STREET ADDRESS	846 AZALEA DRIVE			1.3 STREET ADDRESS	7681 OLYMPIA DR		
CITY-ST-ZIP	ROYAL PALM BEACH FL 33411			1.4 CITY-ST-ZIP	WEST PALM BEACH, FL 33411		
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MICHAEL, CLEMENTE J			2.2 NAME	MICHAEL J. CLEMENTE		
STREET ADDRESS	846 AZALEA DR.			2.3 STREET ADDRESS	7681 OLYMPIA DR		
CITY-ST-ZIP	ROYAL PALM BEACH FL			2.4 CITY-ST-ZIP	WEST PALM BEACH, FL 33411		
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY-ST-ZIP				3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

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, with all other like empowered.

SIGNATURE:

Elaine Michaels
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

561-697-2497

Daytime Phone #

CR2E034 (11/98)