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PROFIT CORPORATION ANNUAL REPORT

1996

SIGNATURE:



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000015311 (2)

MIKAM, INC. Principal Place of Business Mailing Address 1325 E GARY RD 1325 E GARY RL LAKELAND FL 33601 LAKELAND FL 3									
US			US US	X 01					
2 Principal	Place of Busin					 Date Incorporated or Qualifie 03/01/1993 		te of Last 4/24/19	
1	made of Busin	ness	2a. Mailing Address	3		4. FE! Number		7/2-7/10	Applied For
Suite, Apt	t. #, etc.		Suite, Apt. #, et			59-3167247			Not Applicable
2			27	•		5. Certificate of Status Desired			5 Additional
City & Sta	ate		City & State			6. Election Campaign Financing			Required
Zip		Country	28 Zip			Trust Fund Contribution		Add	00 May Be ed to Fees
		25	29	Cou	ntry	8. This corporation has liability for	or intangible t	ax under s	s 199.032,
	9. Name	and Address of	Current Registered Agent	[30]			∕es ∏No		
					81 Name	10. Name and Address of New	v Hegistered	Agent	····
MORSE,				ļ	82 Street A	/0.0.0			
37523 FAMILY LN ZEPHYRHILLS FL 33540					SITURE A	ddress (P.O. Box Number is Not Accept	table)		
4EFIIIN	inillo el 3	3340			B3				
				}	84 City			Ta-1 =	
1. Pursuant	to the provisi	ons of Sections 60	77.0502 and 607 1508. Florida St	otutos de la		poration submits this statement for the poored of directors. Thereby accept the go	FL	[]	ip Code
or registe familiar w	ered agent, or rith, and accer	both, in the State	of Florida. Such change was auth	atutes, the abov	e hamed corp	poration submits this statement for the p	ourpose of cha	anging its	registered offici
					A PORGIOUS DI	oard of directors. I hereby accept the an			
IGNATURE		r i i e e e e e e e e e e e	or, section 507,0505, Florida Stati	utes.	Aporation's Di	poration submits this statement for the p pard of directors. I hereby accept the ap	opointment as	registered	a agent. I am
IGNATURE		or printed name of registo	red agent and liften applicable.	utes.		and the second s		registered	a agent. I am
GNATURE ≥.	Signature, typud a	or printed name of registo	rud agent and lifte if applicable. RS AND DIRECTORS	utes.		and wher renstating:	DATE	***************************************	
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