FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # P93000018204 (6)

MICHAEL SHEPHERD & ASSOCIATES, INC. Principal Place of Business Mailing Address 4534 SW 128 PL MIAMI FL 33175 MIAMI FL 33175							
					3. Date Incorporated or Qualified	3a. Date of Last Report	
2. Principal Pla	ace of Business	2a. Mailing Address			03/10/1993 4. FEI Number	04/27/1995	
21		26		65-0395706	Applied For Not Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		***************************************	\$8.75 Additional		
22		27		5. Certificate of Status Desired	Fee Required		
City & State		City & State		6. Election Campaign Financing	55.00 May Be		
23		28			Trust Fund Contribution	Added to Fees	
Zip 24	Country	Zip	Country	•	8. This corporation has liability for		
24	9. Name and Address of Curren	29	30		Florida Statutes Yes 10. Name and Address of New F	No No	
-			81	Name	10. Name and Address of New P	tegistered Agent	
SHEDHE	ERD, MICHAEL J						
	W 128 PL		82	Street Add	lress (P.O. Box Number is Not Acceptab	ole)	
	L 33175		83	<u></u>			
			84	City			
				"		FL 85 Zip Code	
familiar with	ed agent, or both, in the State of Floric h, and accept the obligations of, Sections, by a comparation of the section of the s	ua. Such change was authonz ich 607.0505, Florida Statutes	es, the above- ed by the cons HE Registered Ages	ioration's boa	ration submits this statement for the puring of directors. I hereby accept the app	ointment as registered agent. I am	
12.	OFFICERS AND		13.	4 Signature respons	ADDITIONS/CHANGES TO OFF	IGERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	1. 1 TITLE			Change Addition	
NAME.	SHEPHERD, MICHAEL J		1.2 NAME				
STREET ADDRESS	4534 SW 128 PL		1.3 STREET	ADDRESS			
CITY - ST - ZIP	MIAMI FL 33175		1.4 CITY - S	51 - ZIP			
TITLE	DELETE 2 1		2 1 TITLE		Change Addition		
NAME			2.2 NAME				
STREET ADDRESS			23 STREET	ADDRESS			
CHY-SI-ZIP			2 4 CITY - 5	SI - ZIP			
TIFLE			3 TITLE			Change Addition	
NAME STREET ADDRESS			3 2 NAME				
CliA · Si - Sib			3 3 STREE				
TITLE		DELETE .	3.4 CITY - 5 4.1 TITLE	ST - ZIF'		Congres	
NAME			4.2 NAME		Change Addition		
STREET AUDRESS			4.3 STREET	4000tcc			
CITY-ST-7IP			4.3 STREET				
TITLE		DELETE	5 1 TITLE	''. ("		Change Addition	
NAME			5.2 NAME				
STREET ADDRESS			53 STHEET	ADDRESS			
CITY - ST - ZIF			5.4 CITY - S				
THLE			6 1 10 LF		Change Addition		
NAME			6.2 NAME			_ , _	
STREET ADDRESS			63 STREET	ADDRESS			
CITY ST-ZIP			640 TY-5	T - ZIF			

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on II afficiently with an address.

SIGNATURE:

"//UCNOUS SUPPLEID MICHAEL J. SHETHERD SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/3/9

(305)554-8598