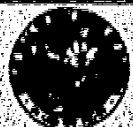


FILE NOW: FILING FEE AFTER MAY 1 IS \$22.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Moonbeam
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 APR 19 AM 2:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000025518 (0)

1. Corporation Name

MICHIGAN DEER CREEK, INC.

Principal Place of Business

5300 S. FLORIDA AVE.
BUILDING E
LAKELAND FL 33813
US

Mailing Address

P.O. BOX 5310
LAKELAND FL 33807
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/02/1993

3a. Date of Last Report

01/19/1994

2. Principal Place of Business

21

2a. Mailing Address

26

4. FEI Number

50-3173838

3b. Applied For

Not Applicable

Suite, Apt. #, etc.

22

Suite, Apt. #, etc.

27

5. Certificate of Status Desired

\$8.75 Additional

Fee Required

City & State

23

City & State

28

6. Election Campaign Financing

\$5.00 May Be

Added to Fees

Zip

24

Country

29

Zip

30

Country

7. This corporation has liability for intangible tax under §. 199.032,

Florida Statutes Yes No

9. Name and Address of Current Registered Agent

BURKEY, JOHN D.
5300 S. FLORIDA AVE.
BUILDING E
LAKELAND FL 33813

10. Name and Address of New Registered Agent

61 Name

62 Street Address (P.O. Box Number is Not Acceptable)

63

64 City

FL 65 Zip Code

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 restating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURKEY, JOHN D	1.2 NAME	
STREET ADDRESS	4309 FOREST HILL DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL	1.4 CITY-ST-ZIP	
TITLE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		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		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		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		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	

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(d), 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.

SIGNATURE:

John D. Burkey, Jr., Esq.

4/12/95 (813) 649-5300

Date

Daytime Phone #

BORN/MAILED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR